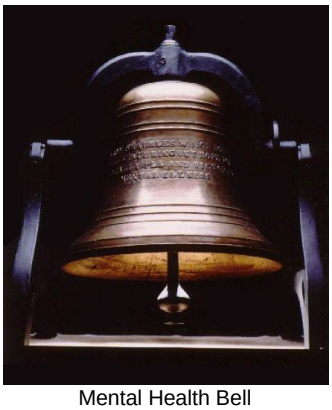
LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM (LSHPIP)

Handbook
2015-2016



Mental Health Bell

LSHPIP is an APA-accredited psychology internship program. For any questions or concerns, please contact the American Psychological Association at the following address or by telephone:

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
(202) 336-6123 TDD

2015-2016 INTERNSHIP CALENDAR

August 10-12 ……Mental Health Conference

August 13……DSM-5 Training

August 14……..……Primary Rotation Specific Orientation

August 17-21……...……..…..…New Employee Orientation

Aug 24-27..…….……...…..…….……MANDT

September 7.....……..…...…...……..……HOLIDAY

November 11……..……...……...HOLIDAY

November 26-27..……..…..…… ……..……...……...HOLIDAY

November 15…..……..……..……...……..Deadline for New Intern Applications

December 15……..…..……..……..Notify Applicants of Interview Status

December 24-25..……...……...…….……HOLIDAY

January 1…….……....……..…….……..……..HOLIDAY

January 18…….……..…….……HOLIDAY

January 25-27…….……Intern Applicant Interviews

February 19.…….……..……...Match Results Released

May 23……..……..HOLIDAY

July 4…….……HOLIDAY

August 1……..….Intern Evaluation of Program, Supervisors, and Agency Due

August 5……..…….……..……...Graduation celebration

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Larned State Hospital (LSH)

This is the tenth intern class at LSH. We are currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and we are accredited through the American Psychological Association (APA).

LSH is a psychiatric hospital administered by the state of Kansas Department for Aging and Disability Services (www.kdads.ks.gov). LSH is one of three state psychiatric hospitals operated by the state. Located in rural Kansas on a 78-acre campus, LSH has three distinct programs. The Psychiatric Services Program (PSP) is comprised of three 30-bed units which provide care and treatment for adults from a 61 county catchment area. Most patients are admitted on an involuntary status after being found to be a mentally ill person who is a danger to self and/or others or unable to adequately care for him or herself. All patients must be screened through his/her local mental health center before he/she can be admitted.

The State Security Program (SSP) is comprised of eight units which serves patients who are criminally committed by the court system or transferred from the Kansas Department of Corrections (KDOC) for treatment. SSP provides court ordered pre and post trial assessments (e.g., competency to stand trial assessments, pre-sentence evaluations), sexual predator evaluations, competency restoration treatment, treatment for patients found not guilty by reason of mental defect, and treatment in lieu of confinement. Also housed on SSP, is the Security Behavior Unit (SBU) for civilly committed male patients who have severe behavioral disturbances including extreme aggressiveness. The Security Behavior Unit accepts patients from PSP and from our sister hospital (Osawatomie State Hospital). Lastly, three units on SSP are dedicated to working with KDOC inmates prior to release into the community. SSP is the only "forensic" hospital in the State of Kansas and therefore, accepts patients from all counties in the state.

The Sexual Predator Treatment Program (SPTP) is comprised of eight units with an all male (no females at this time) population for patients committed under the Kansas Violent Sexual Predator Act. SPTP accepts patients committed from all counties in the state. The focus of SPTP is to provide treatment and work toward community reintegration for the residents ordered to the program. Currently, residents of SPTP are located on several buildings on campus, including one unit on the Isaac Ray building.

There are three additional facilities located on the LSH campus:

1) The Larned Correctional Mental Health Facility is operated by the KDOC for male inmates with a serious and persistent mental illness.

2) The Larned Juvenile Correctional Facility is a correctional facility for male adolescent offenders and is operated by the KDOC.

3) The KDOC also operates a minimum-security male prison on campus.

Patients at LSH are provided a full range of psychiatric services including social detoxification, psychosocial rehabilitation, individual and group therapy, co-occurring disorders treatment, activity therapy, medication management, case management, vocational training, behavior support plans, discharge planning, and other services. All programs/units provide treatment using an interdisciplinary treatment team with a consensus model of decision-making in which psychology staff serve as treatment team facilitators.

Clinical departments who have core members of the treatment teams are: psychiatry, psychology (who serve as treatment team facilitators), social services, and nursing. Other clinical departments involved in patient care at LSH include: activity therapy, dietary staff, clinic/laboratory services, and pharmacy.

The Department of Psychology at LSH is comprised of caring and competent practitioners. The Director of Psychology is a licensed psychologist who has oversight of all psychology services at the hospital. The Director supervises three Supervising Psychologists (one each for the State Security Program, Psychiatric Services Program, and the Sexual Predator Treatment Program) who are responsible for the oversight and clinical and administrative supervision of the provision of all psychological services in his/her program. In addition to the Supervising Psychologists, a training faculty consisting of appropriately licensed psychology staff provide clinical supervision for psychology clerks (those who are completing a Bachelor's degree), practicum students (those who are completing a Master's Degree), pre-doctoral interns (those who are completing a Doctoral degree), and post-doctoral fellows (those obtaining the needed training and supervision hours for licensure). Furthermore, the department is composed of licensed (and temporarily licensed) doctoral psychologists, licensed (and temporarily licensed) master's level psychologists, post-doctoral fellows, clinical therapists, licensed addictions counselors, human service counselors, and program consultants.

PROGRAM GOALS AND OBJECTIVES:

LSHPIP provides training procedures with the overall goal of producing psychologists who are competent in providing psychological services in an ethical, professional, and knowledgeable manner in a variety of settings (e.g., mental health centers, state hospitals, correctional settings, etc). As such, LSHPIP is dedicated to nurturing the development of interns from professionals-in-training to confident, competent, culturally sensitive psychologists. Additionally, our goal is to help interns evaluate research in a critical manner to facilitate empirically supported interventions (in assessment and treatment). All interns are exposed to the same training curriculum that includes: individual and group therapy, assessment and report writing, weekly didactic training, individual and group supervision, peer consultation, and professional development experiences. The LSHPIP's training model recognizes that interns enter internship year with different levels of experience, skill sets, and professional goals. Each intern works with his/her primary and secondary supervisors to develop an individualized training plan that maintains adherence to our core training competencies. During the 12-month

internship year, interns will complete work on all three programs (one year-long primary rotation and two one-day-a week, six month secondary rotations).

ROTATIONS:

Interns are placed for the full year at a primary rotation four days a week. For the first six months, each intern will spend one day a week (Monday) at a secondary rotation site. At the mid-point of the training year (usually mid-February), the interns will switch secondary rotation sites. Interns also spend four hours each week in didactic training, case presentations, and group supervision. The variety of potential experiences and strong emphasis on training and professional development provide a rich experience for LSHPIP interns.

SSP:

On SSP, all interns will be exposed to working with criminally committed patients. Pre-doctoral interns will participate in initial diagnostic assessment, psychological testing, comprehensive test battery administration and report writing, treatment planning meetings, and individual and group psychological therapy. As the training year progresses, pre-doctoral interns will assist with various forensic evaluations (e.g., competency to stand trial assessments, mental state at the time of the offense determinations, and pre-sentence evaluations) as this will be an emphasis during this clinical rotation. Pre-doctoral interns will also facilitate competency restoration classes. Interns will have several opportunities to observe expert testimony. Finally, all psychology interns will learn about the provision of services within a social learning framework.

PSP:

On PSP, all interns will be exposed to working with patients either voluntarily or civilly committed by court for inpatient treatment due to psychiatric issues causing them to be a danger to themselves or others or unable to adequately care for themselves without further intervention. Pre-doctoral interns will have the opportunity to work with patient populations that range from young adults to the geriatric population in various units designed to meet the specific needs of patients based on those patients' age, current psychiatric functioning, and estimated length of stay. Pre-doctoral interns will participate in initial diagnostic assessment, psychological testing, comprehensive test battery administration and report writing, treatment planning meetings, and individual and group psychological therapy. The focus of this rotation will be assessment, diagnosing, and providing therapeutic interventions (group/individual therapy).

SPTP:

On SPTP, all interns will work directly with sex offenders who have been found to meet the criteria of a Sexually Violent Predator pursuant to Kansas law. Specific activities will be assigned by the Supervising Psychologist of SPTP and will include psychological testing, report writing, co-facilitating various therapy groups including phase groups and DBT groups. The focus of this rotation will be providing therapeutic interventions (group therapy/phase work) and serving as a treatment team facilitator.

INTERN SELECTION AND QUALIFICATIONS

The Director of Training is responsible for coordinating the application and selection process. Applications are available on the APPIC website and the Director of Training provides proxy access to the training faculty to review the electronic submissions. One hard copy of each application is printed and stored by the administrative assistant to the Psychology Department. All applicants with "readiness" endorsements from their training directors are encouraged to apply. To be considered for an interview, an intern must have completed a minimum of two practica experiences and exhibit report writing skills commensurate with current level of training. Skype interview may be utilized to assist in the interview process; however, on-site interviews are strongly encouraged. Applicants are notified on or before December 15 of his/her interview status via email. Final approval of all candidates is made by the intern selection committee (i.e., the Director of Training/Chair of the Internship, Vice Chair of the Internship, and the remaining internship faculty members). LSH adheres to the procedures established by APPIC for offering psychology internship positions. Written confirmation of an internship offer follows the match process.

If selected as an intern, you will be fingerprinted and LSH will conduct a criminal background check at no cost to you. Applicants who match to our program but do not successfully pass this background check will not be employed as pre-doctoral interns (see APPIC Match Policy 6b).

The applications of individuals not accepted into the program are kept on file for a period of two years for administrative purposes.

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information from an intern applicant.

REPORTS TO THE INTERN'S UNIVERSITY

Various home universities have different requirements regarding reports from the internship program to the university with respect to the intern's progress. In keeping with APA policies, the Director of Training will provide the home university with an assessment of the intern's status following each of the four scheduled evaluations unless the university requires different documentation. An intern's primary supervisor has the responsibility of completing any additional reports required by the university.

INTERNSHIP CREDIT

The LSH internship is a full time (i.e., 40 hours a week), 12-month program resulting in 2000 training hours. Individuals who satisfactorily complete the program receive a certificate reflecting his or her accomplishments. Credit toward a degree is a decision made by the training faculty of an intern's home university. Credit toward fulfilling the requirements of state certification or licensure is a decision made by the Board of Examiners wherein application is being made. If, for whatever reason, an intern's participation in the LSH internship program is terminated prior to completing the full 12 month program, it is our policy to provide the intern's home university and any subsequent legitimate inquirers (such as a State Board of Examiners) a statement which:

1. Documents the amount of time the intern was in the program
2. Indicates the intern's status within the program at the time of termination
3. Reflects the reasons for the termination
4. Summarizes the evaluations of the intern's supervisors

NOTE: For those unique cases (illness, pregnancy, other) that may impact completion of the internship within the 12-month period, the training faculty will work with the impacted student to reach a mutually agreeable solution. For example, in past years we have extended an internship in order to allow an intern to fulfill the requirements of the position.

INTERN DUTIES

Pre-doctoral interns will develop and/or enhance skills in various areas such as test selection and administration, individual and group therapy, report writing, crisis intervention, ethics, diversity, working with others, time management/organization, leadership skills, program development, and interdisciplinary treatment team functioning.

INTERN EVALUATION

All interns on their primary rotation will receive a formal, written copy of feedback every three months (for a total of four evaluations). Additionally, interns on the secondary rotation sites will receive a formal, written copy of feedback at the three-month (mid rotation) and six-month (end of rotation) time period.

TRAINING OUTLINE CORE AREAS

Therapy: The types of therapy experiences offered through LSHPIP are primarily individual and group modalities. The intern is expected to develop competency in the delivery of individual and group therapy to consumers representing diversity in culture, background, and presenting problems. Issues of ethical conduct, sensitivity to multicultural issues, and the integration of research and practice will be emphasized.

Assessment: Psychological assessment is an important part of the practice of professional psychology, and each intern is expected to become familiar with a variety of widely accepted assessment instruments. At LSH, we have selected five specific instruments (WAIS-IV, MMPI-2-RF, WRAT-4, PAI, and the RBANS or COGNISTAT) that interns will develop competency in administering, scoring, and interpreting. Additionally, interns are expected to develop competency in selecting, administering, scoring, and interpreting batteries of tests as well as producing written reports. Interns must complete a minimum of three integrated assessments. Ethical conduct, adhering to testing processes and procedures, multicultural issues, and the integration of research and practice will be emphasized.

Didactic Training: Training is provided through weekly scheduled seminars. Training will address a variety of areas, including topics such as DSM-5 diagnoses, multicultural issues, therapy techniques, ethical concerns, various psychological tests, professional development issues, and forensic evaluations. The professionals providing training are primarily licensed psychologists, but may also include psychiatrists, pharmacists, licensed addictions counselors, post-doctoral fellows, master's level clinicians, social workers, and others. The majority of training sessions will include ancillary materials, such as journal articles or reference lists. The training schedule is created prior to the beginning of the year when, as a group, supervisors discuss each topic and sequence them so that it is progressive in difficulty and sequential, with a firm foundation in generalist areas being built. In addition, LSH has numerous training opportunities offered on campus, including a mental health conference in which interns attend during their first week of training. Lastly, interns are encouraged to take advantage of agency and community training opportunities in relevant areas.

Supervision: Supervision occurs on both an individual and group format. Each intern receives at least two hours of weekly individual supervision from a licensed psychologist at his or her primary rotation and one hour a week with a licensed psychologist at his or her secondary rotation. Each intern also regularly receives at least one hour of group supervision from a licensed psychologist per week. In the past, interns have been provided group supervision by a variety of LSHPIP supervisors throughout the year. This is considered a strength of the program in that it allows interns contact with multiple psychologists and perspectives. At this time, we have not heard any complaints about having multiple supervisors provide the group supervision. In fact, we have repeatedly heard that interns like to experience supervision from different supervisors. The topics addressed in supervision include: administrative issues (communication, policies and procedures, problem resolution, etc.), multidisciplinary issues/organizational behavior, professional development issues, intern progress, assessment and treatment issues, discussion of clinical cases (or case presentations when scheduled), training opportunities, dissertation (if applicable), and multicultural issues.

Group supervision provides an opportunity for interns to present clinical cases (formal case presentation) and to discuss various clinical concerns that may arise throughout the internship year. There is no assumption of confidentiality about what supervisees disclose in supervision. Supervisors need to be free to discuss anything disclosed in

supervision with other supervisors. To do less is to risk compromise of clinical and ethical obligations. It also helps clarify an important distinction between supervision and therapy and avoid dual relationship problems.

Interns are required to present a minimum of two formal case presentations. Feedback from supervisors and peers is an integral part of group supervision, as all interns participate in this weekly group activity. The intern is expected to show an understanding of how legal and ethical principles and research finding may be applied during supervision and case presentations.

Please note that supervision hours cannot be "banked." In other words, if you have completed 200 hours of supervision by July, you are still required to have four hours of supervision a week rather than skipping supervision for your last six weeks of internship.

Intern Project: An important aspect of LSHPIP is the emphasis on professional development, including the ability to work cooperatively with peers and other professionals. In keeping with this priority, each intern class is expected to engage in a collaborative project that is completed under the guidance of the LSHPIP Chair, other supervisors, or other hospital staff. For example, the 2009-2010 internship class was involved in planning and organizing a four-day mental health conference. The 2010-2011 class provided training to LSH staff on different disorders found in the DSM and how to best interact with those patients. For 2011-2012, interns worked on outcome evaluation measures of a new sex offender treatment group. The 2012-2013 interns completed training for staff on burnout and job satisfaction while the 2013-2014 class completed an evaluation of the year-end evaluation of the LSH internship. For 2014-2015 interns, the intern project involved revising a new employee orientation training for SPTP that focused on empathy.

Mock Trial: As a culmination of experiences during the internship year, interns participate in a mock trial in which they serve as an expert witness. For the last four years, LSHPIP was able to procure the services of two local attorneys and a judge to assist in facilitating a mock trial. We feel this provides an excellent learning opportunity and allows interns to receive feedback from other professionals (attorneys, judges) on the integration of psychology and law.

STIPEND

Interns are classified as temporary employees and will receive hourly pay at approximately $12/hour (about $24,000 a year) for the 2014-2015 training year. This remains an increase over the salary from 2012 (minimum wage). Pending availability, interns can also receive subsidized on-campus housing. Interns are encouraged to use the Kansas Marketplace (http://www.healthinsurance.org/kansas/) to obtain health insurance.

WORK WEEK

Interns work week is Monday through Friday 8am to 5pm. If time is missed (e.g., sick), an intern may ask his/her supervisor to make up time during the State of Kansas work week (Sunday through Saturday). If time is approved by the supervisor, an intern is expected to have no patient contact and generally completes reports or progress notes. However, if the supervisor will be on-site and has granted permission, patient contact is allowed. Any abuse of time will not be tolerated and will be addressed per the proper remediation procedures.

NOTE: If approved to work off-hours, an intern shall e-mail the direct supervisor upon arrival and departure.

PROFESSIONAL LIABILITY INSURANCE

Interns must provide their own professional liability coverage and proof of such.

RESOURCES AVAILABLE TO INTERNS

LSH has an Information Technology (IT) department for computer and networking needs. Each intern has office space which provides a computer with Microsoft Word software, Internet and e-mail capabilities. Additionally, interns have access to fax machines, copiers, scanners, printers, telephones, tele-video conferencing (often times for court) and computerized scoring protocols for various psychological measures. Furthermore, the psychology department has an administrative assistant who provides hundreds of hours of services to the interns/internship (assisting in setting up interviews, providing housing information to interns, completing timesheets for the interns, filing, providing mailing services, assisting with applications, addressing key assignments, etc.).

EMPLOYMENT OF PSYCHOLOGY INTERNS

The practice of psychology by a LSH psychology intern is governed by the following documents:

1. APA code of ethics
2. Kansas State Laws
3. Kansas Behavioral Sciences Regulatory Board (www.ksbsrb.org)
4. Kansas Department for Aging and Disability Services Policies and Procedures
5. Larned State Hospital Policies and Procedures
6. Larned State Hospital Psychology Internship Program Handbook

In accordance with the rules, regulations, and policies contained in the above documents, a psychology intern may not practice psychology at any level within the State of Kansas without direct supervision by a licensed psychologist who is employed

at Larned State Hospital. Supervision will include a co-signature for all entries into the medical record as well as any psychological/forensic/court reports written. Interns will be provided with a database (e.g. Excel file) to track her/his hours spent at the hospital. The student is responsible for reviewing these hours with his/her direct supervisor and submitting the log electronically to the Director of Training on a monthly basis.

LSH REQUIREMENTS

Interns must complete an LSH employment application, provide documentation regarding a recent physical, and complete paperwork for a security background check prior to beginning work at LSH. A drug screen may also be required.

NON-DISCRIMINATION STATEMENT

The LSHPIP is committed to supporting cultural and individual diversity and does not discriminate on the basis of race/ethnicity, color, religion, sex, including marital status, national origin, ancestry, age, sexual orientation, disability, or veteran status in its recruitment, retention, or development of interns, faculty or staff. Its didactic and experiential training are aimed at fostering an understanding of cultural and individual diversity as they relate to professional psychology. LSH is committed to ensuring equal opportunity. Its equal opportunity/nondiscrimination policy is designed to ensure that employees, students, residents, and supervisors understand their rights and responsibilities. LSH's discrimination complaint procedure is designed to ensure that concerns are handled in a timely and responsive manner.

HIPAA/PATIENT RIGHTS

LSH has an extensive set of policies in place to protect patient rights, including informed consent, confidentiality, and privacy of patient records. A HIPAA privacy officer, a HIPAA security officer, and a KDADS attorney are both on-site to consult on such matters. Our Clinical Information Management (CIM) department maintains a Documentation Systems Manual that outlines documentation requirements. Additionally, LSH maintains an Intranet where all policies and procedures of LSH can be found/accessed. All psychology interns attend the hospital orientation where she/he will receive an overview of these policies. In addition, interns complete program specific and departmental orientation that provided information about LSH policies/procedures. Psychology interns are expected to follow all LSH, program, and department policies. We encourage students to read all hospital and departmental policies as well as the policies for their assigned programs.

ATTENDANDCE

Interns are granted State Holiday time off (usually 10 days/year) and a total of **five** days of Vacation/Sick Time. Up to **five** additional days will be granted for dissertation defense and other scholarly activities but will be monitored so the intern can complete the training program within the allotted time frame. Often for the time taken off, time will

need to be spent off-site engaging in intern related activities (practicing tests, reviewing articles, etc) to meet the 2,000 requirement. Interns will be expected to seek out permission for *any time off* and must notify the administrative assistant and rotation supervisor of any absences or tardiness. With supervisor approval, time may be flexed within a work week to maintain 40 hours. Additional internship tasks/time may be completed at home (such as preparing material for presentations, researching articles, reading books, etc)

GRIEVANCE PROCEDURES

This section provides interns an overview of the identification and management of intern problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems.

I. Definition of Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics, which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address a problem when identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the intern is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The trainee's behavior does not change as a function of feedback, remediation efforts, and/or time.

II. Remediation and Sanction Alternatives

It is important to have meaningful ways to address problematic behavior once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the intern, the clients involved, members of

the intern training group, the training staff, and other agency personnel. A progressive remediation/sanction process will be used by the internship.

1. Verbal Warning to the intern emphasizes the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

2. Written Acknowledgment to the intern formally acknowledges:

a) That the Training Director is aware of and concerned with the performance rating,
b) That the concern has been brought to the attention of the intern,
c) That the Training Director will work with the intern to rectify the problem or skill, deficits, and
d) That the behaviors associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the intern's file when the intern responds to the concerns and successfully completes the internship.

3. Written Warning to the intern indicates the need to discontinue an inappropriate action or behavior. This letter will contain:

a) A description of the intern's unsatisfactory performance;
b) Actions needed by the intern to correct the unsatisfactory behavior;
c) The time line for correcting the problem;
d) What action will be taken if the problem is not corrected; and
e) Notification that the intern has the right to request a review of this action.

A copy of this letter will be kept in the intern's file. The Training Director in consultation with the intern's primary and secondary supervisor may give consideration to removing this letter at the end of the internship. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Training Director. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:

a) Increasing the amount of supervision, either with the same or other supervisors;
b) Change in the format, emphasis, and/or focus of supervision;
c) Recommending personal therapy;

d) Reducing the intern's clinical or other workload;
e) Requiring specific academic coursework.

The Training Director in consultation with the primary and secondary supervisor will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the intern, by the Training Director in consultation with the primary and secondary supervisor.

5. Probation also is a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship that the Training Director systematically monitors (for a specific length of time) the degree to which the intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement that includes:

a) The specific behaviors associated with the unacceptable rating;
b) The recommendations for rectifying the problem;
c) The time frame for the probation during which the problem is expected to be ameliorated, and
d) The procedures to ascertain whether the problem has been appropriately rectified.

If the Training Director determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the Training Director will discuss with the primary and secondary supervisor the possible courses of action to be taken. The Training Director will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the Training Director has decided to implement. These may include continuation of the remediation efforts for a specified time period or implementation of another alternative.

6. Suspension of Direct Service Activities requires a determination that the welfare of the intern's client or consultantee has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the Training Director in consultation with the training supervisors. At the end of the suspension period, the intern's supervisor in consultation with the Training Director will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The Training Director will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

8. Dismissal from the Internship involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the trainee seems unable or unwilling to alter her/his behavior, the Training Director will discuss with the training supervisors and the Superintendent of the hospital the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the internship due to physical, mental or emotional illness. When an intern has been dismissed, the Training Director will communicate to the intern's academic department that the intern has not successfully completed the internship.

III. Procedures for Responding to Inadequate Performance by an Intern

If an intern receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about an intern's behavior (ethical or legal violations, professional incompetence) the following procedures will be initiated:

1. The staff member will consult with the Training Director to determine if there is reason to proceed and/or if the behavior in question is being rectified.
2. If the staff member who brings the concern to the Training Director is not the intern's primary supervisor, the Training Director will discuss the concern with the intern's primary supervisor.
3. If the Training Director and primary supervisor determine that the alleged behavior in the complaint, if proven, would constitute a serious violation, the Training Director will inform the staff member who initially brought the complaint.
4. The Training Director will meet with the training supervisors to discuss the performance rating or the concern.
5. The Training Director will meet with the Superintendent of the Hospital to discuss the concerns and possible courses of action to be taken to address the issues.
6. The Training Director, primary supervisor, and Superintendent may meet to discuss possible course of actions.
7. Whenever a decision has been made by the Training Director about an intern's training program or status in the agency, the Training Director will inform the intern in writing and will meet with the intern to review the decision. This meeting may include the intern's primary supervisor. If the intern accepts the decision, any formal action taken by the Training Program may be communicated in writing to the intern's academic department. This notification indicates the nature of the concern and the specific alternatives implemented to address the concern.
8. The intern may choose to accept the conditions or may choose to challenge the action.

The procedures for challenging the action are presented below.

IV. Due Process: General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all trainees, and provide appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning—discussing these expectations in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
4. Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
6. Providing a written procedure to the intern describing how the intern may appeal the program's action. Such procedures are included in the Intern Handbook, which is provided to interns and reviewed during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
9. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

V. Due Process: Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the Training Director and intern or staff, the steps to be taken are listed below.

A. Grievance Procedure (for the intern)

Note: Grievance procedures can be initiated by the intern.

1. In the event an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict, etc.) during his/her training experiences, an intern can:
    a. Discuss the issue with the staff member(s) involved;

b. If the issue cannot be resolved informally, the intern should discuss the concern with the Training Director or a training supervisor;

c. If the Training Director or training supervisor cannot resolve the issue, the intern can formally challenge any action or decision taken by the Training Director, the supervisor or any member of the training staff by following this procedure:

i. The intern should file a formal complaint, in writing and all supporting documents, with the Training Director. If the intern is challenging a formal evaluation, the intern must do so within 5 days of receipt of the evaluation.

ii. Within three days of a formal complaint, the Training Director must consult with the Superintendent and implement Review Panel procedures as described below.

B. Grievance Procedure (by a training staff member)

1. If a training staff member has a specific concern about an intern, the staff member should:

a. Discuss the issue with the intern(s) involved.

b. Consult with the Training Director.

c. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the Training Director for a review of the situation. When this occurs, the Training Director will:

1) Within three days of a formal complaint, the Training Director must consult with the Superintendent and implement Review Panel procedures as described below.

C. Review Panel and Process

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three staff members selected by the Training Director with recommendations from the Superintendent and the intern involved in the dispute. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the Training Director, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the Training Director will either accept or reject the Review Panel's recommendations. If the Training Director rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the Training Director may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will report back to the Training Director within five (5) work days of the receipt of the Training Director's request of further deliberation. The Training Director then makes a final decision regarding what action is to be taken.

5. The Training Director informs the intern, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the Training Director's final decision, the intern has the right to contact the Department of Human Resources to discuss this situation.

ROTATION CLOSURES

Rotation placements should be closed to interns when they do not offer quality learning opportunities. This may occur when, for instance, a supervisor plans a prolonged absence, there is massive administrative reorganization occurring on a unit, the psychologist position is vacant, a new psychologist has just arrived on a unit and needs time to acclimate to the setting prior to providing supervision for an intern, or when interns find that a particular placement does not provide an adequate training experience.

When a rotation is to be closed, the supervisor involved generally makes the request for rotation closure. However, under some circumstances, the Training Committee, the Training Director, or the intern group may be the initiator of the request for rotation closure. The Training Committee must consider all requests for rotation closure.

If a rotation is closed in response to complaints that the rotation does not provide a good learning environment, the Training Committee's recommendation for rotation closure should include written specifics of the complaint. The supervisor of that rotation then has the responsibility to formulate a plan to remedy those problems, with the assistance of the Training Director. Evidence of correction or sufficient improvement must be presented to the Training Committee before that rotation may be reopened.

POLICY ON SOCIAL MEDIA

LSH is a teaching facility that provides psychology students/interns/post-doctorate fellows with required experience to fulfill educational and licensure obligations. This guideline is intended to notify such persons, both applying to the training program and those currently in the program, that they are personally responsible for all content they publish in blogs, wikis, social networks, forum boards, and other forms of user-generated media. Public information is defined as anything that can be collected by a basic Internet search and information posted on social networking sites may be considered and evaluated as to how it reflects professionalism by LSH Training Faculty. It's important to remember that all content contributed on online platforms becomes immediately searchable and is immediately shared. This content may leave the contributing individual's control forever and may be traced back to the individual even after long periods of time have passed. LSH does not have permission to perform an in-

depth investigation or require students/interns/post-doctorate fellows to disclose Internet passwords as a condition of interviewing or employment. Additionally, an applicant will never be evaluated based on their race, sex, religion, or any other protected class listed in United States antidiscrimination laws.

LSH has the responsibility to protect future patients from harm by ensuring that all applicants and psychology students/interns/post-doctorate fellows are fit to practice interpersonal psychotherapy. Therefore, public information obtained via the Internet may be used by appropriate LSH staff to evaluate applicants and their behaviors which may be indicative of competence problems, poor professionalism, or poor interpersonal judgment. Such practice is consistent with the role played by training programs as gatekeepers to the profession and the evaluation may result in adverse actions. Examples of troubling behavior include acts of discrimination, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of counseling. When a problematic behavior is identified, it shall be reviewed and discussed by the LSH Training Faculty. Alleged offenders will be contacted so as to provide an explanation for the obtained information and to permit the individual to contextualize and explain the information uncovered. From this determination, options will be developed; these options include, but are not limited to, denial of an interview or entry to the program, remedial training, or other interventions to address professionalism.

Let this serve to notify those both considering applying to this training program as well as to those currently enrolled that information posted on social networking sites may be considered and evaluated as to how it reflects your professionalism. Professionalism is considered a core competency of psychology. It consists of (a) Professional Values and Attitudes, (b) Individual and Cultural Diversity, (c) Ethical Legal Standards and Policy, and (d) Reflective Practice, Self-Assessment, and Self-Care.

This policy defines public information as anything that can be collected by a basic Internet search using an engine such as Google; it does not provide Larned State Hospital with permission to perform an in-depth investigation of an individual's Internet history. This includes search results for social media sites like Facebook, MySpace, Twitter, LinkedIn, etc. You are not required to disclose your password as a condition of either interviewing or enrollment.

The training faculty at LSH is committed to protecting future patients from harm by ensuring that all students are fit to practice interpersonal psychotherapy. Therefore, public information obtained via the Internet may be used by faculty to evaluate applicants and current students on behavior that might be indicative of competence problems, poor professionalism, or poor interpersonal judgment. This evaluation may result in adverse actions. This practice is consistent with the role played by training programs as gatekeepers to the profession. Examples of troubling behavior include acts of discrimination such as racism or sexism, illegal behavior, or behavior that suggests a lack of professional judgment relevant to the professional practice of counseling.

Principle E of the Ethical Code for Psychologists (2002) states in part that: Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

Consistent with this, faculty is respectful of individuals' reasonable right to privacy, even on a medium as inherently public as the Internet. However, it is the responsibility of applicants and current students to decide what information about themselves they want shared with the general public. Program faculty will therefore not circumvent established privacy settings in an attempt to "dig" for information that individuals are making a reasonable attempt to keep private.

When problematic behavior is identified, it shall be reviewed and discussed using the following criteria: What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the LSH training program? How and in what settings have these behaviors been manifested? How serious is this behavior on the continuum of ethical and professional behavior? What is the explanation for the behavior?

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious: The individual does not acknowledge, understand or address the problematic behavior when it is identified. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training. The behavior has the potential for ethical or legal ramifications, if not addressed. Behavior negatively affects the public image of the agency or the university or the training site.

Evaluation will occur at the program level and adhere to the evaluation criteria listed in the following subsection. A single individual will never be responsible for evaluating or reaching a decision on an applicant or student by themselves. The process occurs in a group format so that individual faculty might both share their evaluations and perceptions, while also having those perceptions buttressed by those of their colleagues.

If/when information has been obtained, it will be reviewed for any implications it has for the professional practice of psychology, potential challenges to the training as a psychologist, as well as any signs that it might reflect interpersonal challenges to developing the deportment and competence necessary for becoming a psychologist. Applicants, as well as current students, will be contacted so as to provide an explanation for the obtained information. The Training Director shall promptly offer to discuss the information with the individual. The purpose of this discussion is to permit the student to contextualize and explain the information uncovered. From this

determination, options will be developed; these options include but are not limited to denial of an interview or of entry to the program, remedial training, or other interventions to address professionalism.

LSH adheres to a social media policy set forth by the Department of Administration. Interns who use social media (e.g., Facebook) and other forms of electronic communication should be mindful of how their communication may be perceived by clients, colleagues, faculty, and others. As such, interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to "private" and should avoid posting information/photos or using any language that could jeopardize their professional image. Interns should consider limiting the amount of personal information posted on these sites, and should never include clients as part of their social network, or include any information that might lead to the identification of a client, or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. If interns report doing, or are depicted on a website or in an email as engaging in unethical or illegal behavior, the information may be used by the program to determine probation. As a preventive measure, the program advises that interns (and faculty) approach social media carefully. In addition, the American Psychological Association's Social Media/Forum Policy may be consulted for guidance: http://www.apa.org/about/social-media.aspx

(Note: this policy is based in part on the policies developed by the University of Albany, Michael Roberts at the University of Kansas, and Elizabeth Klonoff at San Diego State University)

DEFICIENCY REPORTS TO THE INTERN'S UNIVERSITY

In the event there are serious problems with regard to an intern's ability to perform his or her clinical duties or if there are incidents of unethical conduct, the Director of Training will notify the intern's home university of the problems and actions being implemented.

COMPETENCY BASED SCHOLAR-PRACTITIONER MODEL

SCHOLAR-PRACTITIONER MODEL

The training model at Larned State Hospital (LSH) reflects the idea that research findings in the literature should inform both professional training but also professional practice. Therefore, the training model adopted by the LSH psychology internship program is the Scholar Practitioner model that emphasizes the interaction of practice and research. Our program is designed to train students to practice in a highly professional and competent manner that is informed by the science of clinical psychology. Interns are trained to apply reasoned critical thinking skills to their clinical practice (from assessment to individual therapy). Although the faculty represents a variety of clinical orientations and interests, an emerging emphasis in empirically supported treatments is present throughout the curriculum. This means that interns are trained to utilize various techniques, which have empirical support in, the literature related to their effectiveness. Although the LSH psychology internship program provides training in the practitioner-scholar model, we recognize that many of our interns come from scientist-practitioner graduate programs, and we believe that the LSH psychology internship complements and is in harmony with a long-term goal of scientist-practitioner training.

MISSION STATEMENT:

The mission statement of Larned State Hospital (LSH) is as follows:

To provide a safety net of mental health services for Kansans in partnership with consumers, community providers and the justice system, and to deliver support services to related agencies

The mission statement of the LSH Psychology Internship Program (LSHPIP) is as follows:

To provide an integrated educational approach in the support of the development and maintenance of competency, proficient, scholar-practitioner modeled psychologists in service to Kansans in need of mental health services

PROGRAM GOALS AND OBJECTIVES:

- **Goal 1: Prepare scholar-practitioner based psychologists**
  - Objective 1.1: Demonstrate scholar-practitioner knowledge and understanding

- **Goal 2: Prepare competent psychologists**
  - Objective 2.1: Demonstrate assessment and diagnosis competency
    - Objective 2.1a: Intake/Clinical Interviews
    - Objective 2.1b: Psychological Test Selection and Administration
    - Objective 2.1c: Psychological Test Scoring and Interpretation
    - Objective 2.1d: Assessment Writing Skills
    - Objective 2.1e: Demonstrate knowledge of DSM-5 and differential diagnosis
  - Objective 2.2: Demonstrate intervention (therapy) competency

        - Objective 2.2a: Case Conceptualization and Therapy Goals
        - Objective 2.2b: Therapeutic Relationship and Sensitivity to Self
        - Objective 2.2c: Individual Therapeutic Intervention and Sensitivity to Clientele Diversity
        - Objective 2.2d: Group Therapy Skills and Preparation
    - Objective 2.3: Demonstrate consultation and communication competency
        - Objective 2.3a: Consultation/Supervision and Training Use
        - Objective 2.3b: Consultation
        - Objective 2.3c: Evaluation
    - Objective 2.4: Demonstrate professional and ethical behavior competency
        - Objective 2.4a: Mandatory Supervision and Training
        - Objective 2.4b Professional Relationships
        - Objective 2.4c: Supervision Knowledge
        - Objective 2.4d: Ethics and associated legal statutes
    - Objective 2.5: Demonstrate human diversity competency
        - Objective 2.5: Demonstrates and applies research based knowledge related to individual differences and cultural diversity
    - Objective 2.6: Demonstrate application of research to clinical practice
        - Objective 2.6: Provides evidence of applying research data and new knowledge

- **Goal 3: Prepare interns for entry level practice in professional psychology**
    - Objective 3.1a Organizational Skills and Autonomy
    - Objective 3.1b: Documentation
    - Objective 3.1c: Complete time requirements
        - Complete 2000 hours of APA-approved internship training
        - Complete minimum of 500 hours (25%) of direct patient contact
        - Complete minimum of 200 hours (10%) of supervision
        - Complete minimum of 50 hours of didactic training experience

Larned State Hospital Psychology Internship Program
Intern Evaluation Form

Name: _____

Evaluation (please check correct evaluation period):

□ Primary Rotation:_____

□ 1st (3 months)

□ 2nd (6 months)

□ 3rd (9 months)

□ 4th (12 months)

□ Other (Specify:_____)

□ Secondary Rotation:_____

□ 1st (3 months)

□ 2nd (6 months)

Please check the methods of intern assessment during this rating period:

_____ Direct Observation
_____ Videotape
_____ Discussion of Clinical Interaction
_____ Case Presentation
_____ Review of Written Work
_____ Review of Raw Test Data
_____ Comments from Other Staff
_____ Other (Specify:_____)

	Please use the below as a guide for competency ratings:
NA	**Not applicable for this training/Not assessed during training experience.**
A (5)	**Advanced/Skills comparable to autonomous practice at the licensure level.** Rating expected as an entry level licensed psychologist. Competency attained at full psychology staff privilege level; however, as a current intern, supervision is still required while in training status.
P (4)	**Proficient/Minimal supervision needed.** A common rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; Supervision shifts to a more consultative role with peers/colleagues.
I (3)	**Intermediate/Supervision is developmental in nature** Common rating throughout internship. Depth of supervision varies as intern progresses through internship. Intensity and complexity of cases and supervision shift throughout the internship training year
B (2)	**Beginner/ Continued intensive supervision is needed.** Most common rating for practica. Routine, but intensive, supervision is needed.
NI (1)	**Needing improvement.** Requires remedial work if trainee is to successfully complete the internship.
U (0)	**Unsatisfactory/fail.** Engages in unethical and/or grossly irresponsible practice and/or actions. Unable to fulfill core requirements.

**Ratings are based on how an intern is currently performing in each of the assessed areas. It is not necessary for evaluations across the internship year to show a progression in competencies, though that is not uncommon. At the end of the internship year demonstrated competence, as evidenced by attaining a rating of at least "P" on each objective, is required on the final primary Intern Evaluation for successful completion of the internship.*

Please provide comments highlighting reasons for your rating. At the end of the evaluation, the supervisor should provide an overall summary of the intern's progress.

DIRECTIONS: For each objective, please place a check mark next to the rating for the current progress. The intern's comments section is available for an intern to respond to the evaluation.

Program Goal 1: Prepare scholar-practitioner based psychologists

Objective 1.1: Demonstrate competency in applying reasoned critical thinking skills to clinical practice (from assessment to individual therapy). Interns will utilize various techniques, which have empirical support, to inform clinical practice.

MEASURES:

Objective 1.1: Demonstrate scholar-practitioner knowledge and understanding

___**NA** Not applicable for this training/Not assessed during training experience.
___**A** Has an advanced understanding of concepts. Independently discusses concepts related to the model and shares articles and other relevant information.
___**P** Has a well-developed understanding of the Scholar-Practitioner Model.
___**I** Relates Scholar-Practitioner concepts to case conceptualizations.
___**B** Has a basic understanding of the Scholar-Practitioner Model.
___**NI** Has a limited understanding of the Scholar-Practitioner Model. Requires additional reading assignments.
___**U** Does not review articles. Does not participate in discussions (in group or individual supervision).

Comments:

Program Goal 2: Prepare competent psychologists

Objective 2.1: Demonstrate assessment and diagnosis competency. An ongoing, interactive, and inclusive process that serves to describe, conceptualize, characterize, and predict relevant aspects of a patient to include, but not limited to: use of standardized measures of cognitive, intellectual, clinical symptomatology, and personality; synthesizing the data gathered through the assessment process to arrive at an appropriate diagnostic classification

MEASURES:

Objective 2.1a: Intake/Clinical Interviews
Formally assesses mental status. Gathers relevant history, establishes rapport, and develops differential diagnosis information with sensitivity to diversity and

awareness of the impact of self (e.g., individual differences, transference, world views, etc).

___**NA** Not applicable for this training/Not assessed during training experience

___**A** Demonstrates a thorough knowledge of and ability to assess mental status. Gathers relevant history and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. Excellent awareness of differential diagnoses and the use of Not Otherwise Specified and Provisional diagnoses. Consistently demonstrates sensitivity and awareness of the impact of self on assessment. No problems establishing rapport.

___**P** Occasional input needed regarding finer points of assessing mental status, relevant history, and diagnostic criteria to develop an accurate diagnostic formulation in difficult clientele or unusual findings. Demonstrates sensitivity and awareness of the impact of self on assessment.

___**I** Generally needs supervision and guidance in gathering relevant history and relevant diagnostic criteria to develop an accurate diagnostic formulation. Demonstrates sensitivity and awareness of the impact of self on assessment though may need input, guidance, and supervision. Still requires some assistance with differential diagnostic skills. Good rapport skills.

___**B** Needs extensive supervisory guidance in the assessment of mental status, gathering relevant history and differential diagnosis information to develop an accurate diagnostic formulation. Needs extensive supervisory guidance to consider and explore the impact of self on assessment. Occasional errors in assessment or gathering information.

___**NI** Frequent errors in the assessment of mental status. Frequent errors of omission or inclusion in gathering relevant history and differential diagnosis information. May seem unconcerned or disregards the impact of self on assessment. Interview is stilted and rapport is inadequate/lacking.

___**U** Engages in unethical and/or illegal practice and/or actions. Has no knowledge of conducting an interview or how to gather information.

Comments:

Objective 2.1b: Psychological Test Selection and Administration

Promptly and proficiently administers appropriate tests in area of practice. Appropriately chooses the tests to be administrated. Demonstrates competence in administering intelligence and personality/ psychopathology/ problem specific/ behavioral measures. Test selection and administration is based on knowledge of current professional literature regarding psychological assessment.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Proficiently administers five specific tests (WAIS, MMPI, WRAT4, PAI, and COGNISTAT). Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral questions. Uses knowledge of professional literature regarding psychological assessment in the selection and administration of tests, including cultural aspects.

___**P** Occasional input needed regarding finer points of test administration. Occasionally needs supervision and guidance in the selection and administration of tests. Good understanding of literature and relevance to test selection.

___**I** Generally needs supervision regarding test selection and administration. Generally needs consultation regarding appropriate tests to administer. Little to no scoring errors. Is able to demonstrate competency administering the WAIS, MMPI, WRAT4, PAI, and COGNISTAT.

___**B** Test administration is slow, irregular, but generally adheres to the standardization process. May need to recall client to further testing sessions due to poor choices in test selection.

___**NI** Frequently fails to follow standardization in test administration.

___**U** Engages in unethical and/or illegal practice and/or actions with testing.

Comments:

Objective 2.1c: Psychological Test Scoring and Interpretation

Accurately and thoroughly scores and interprets psychological tests. Demonstrates competence in scoring and interpreting intelligence and personality/ psychopathology/ problem specific/ behavioral measures.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Skillfully and efficiently scores tests and interprets tests autonomously. Accurately interprets and integrates results prior to supervision with awareness of examinee's culture. Makes accurate and thorough formulations based on test results. No errors in testing.

___**P** Demonstrates knowledge of scoring methods. Reaches appropriate conclusions with some support and guidance from supervision. Integrates test results with little difficulty.

___**I** Completes scoring and interpretation on typical clientele with some supervisory input, occasionally uncertain how to handle difficult clientele or unusual findings. Understands basic use of tests, but may occasionally reach inaccurate conclusions from the test results. Infrequent scoring errors.

___**B** Needs extensive supervision and guidance in scoring and interpreting tests. Occasional scoring errors. Unsure how to integrate testing with clinical presentation.

___**NI** Frequently makes scoring errors. Reaches inaccurate or insupportable conclusions from test results.

___**U** Numerous errors. Does not respond to corrective actions.

Comments:

Objective 2.1d: Assessment Writing Skills

Writes a well-organized, clear report that addresses the referral question and provides the referral source with specific opinion/recommendations as required. Follows hospital policy and guidelines, (i.e., Forensic Report Policy). Reports use appropriate grammar, spelling, and terminology; cite sources of information (when applicable); and acknowledge gaps in information.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Report is clear and thorough, follows a coherent outline that is an effective summary of the major relevant issues. Report clearly draws conclusions based on supportive evidence. Report uses appropriate grammar, spelling, and terminology; cites sources of information; and acknowledges gaps in information. Report makes useful and relevant recommendations as required. Report adheres to policies and guidelines.

___**P** Report covers essential points without serious error, may need polish in cohesiveness and organization. Report makes useful and relevant recommendations as required. Conclusions reached are clearly based on supportive evidence.

___**I** Report covers essential points, but may include errors in cohesiveness, conclusions, recommendations, etc. Rewrites are required, but major rewrites are rarely, if ever, required.

___**B** Report may miss essential points and may include errors in cohesiveness, conclusions, recommendations, etc. Reports require extensive rewrites.

___**NI** Inaccurate conclusions or grammar, spelling, organization, etc. interfere with report communication. Reports require frequent major rewrites.

___**U** Reports are filled with inaccuracies and are unethical (violating HIPAA standards) and/or violate hospital policies

Comments:

Objective 2.1e: Demonstrate knowledge of DSM-5 and differential diagnosis

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Uses the DSM-5. Has knowledge of all diagnoses. Is able to arrive at accurate diagnoses with no supervision. Would be able to train on the DSM-5.

___**P** Uses the DSM-5. Has knowledge of all diagnoses. Is able to arrive at

accurate diagnoses with little to no supervision. Only requires supervision for difficult or challenging clients.

___**I** Uses the DSM-5. Has knowledge of most diagnoses. Is able to arrive at accurate diagnoses with some supervision. Still requires supervision for the nuances of various specifiers for the disorders.

___**B** Uses the DSM-5. Has knowledge of most diagnoses. Is able to arrive at accurate diagnoses with close supervision.

___**NI** Is able to use the DSM-5 and has a basic understanding of the diagnostic format.

___**U** No knowledge of the DSM-5

Comments:

Objective 2.2: Demonstrate intervention (therapy) competency. Therapy is based on sound theories of intervention and their related techniques. Empirically supported treatments are employed. Clients are conceptualized in a manner consistent with theories and sensitive to the complexity and multi-dimensionality of diversity and culture. Constructive alliances are developed and maintained with clients. Therapy involves therapeutic techniques that promote, restore, sustain, or enhance positive functioning and a sense of well-being

Objective 2.2a: Case Conceptualization and Therapy Goals

Formulates a useful case conceptualization that is based on diagnoses, history, literature, theoretical orientation, and individual/cultural differences. Therapy goals and treatment approaches are based on theories and methods of diagnosis and effective intervention, including empirically supported treatments.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Independently produces thorough case conceptualizations within own preferred theoretical orientation; also able to draw some insight into cases from other orientations. Consistently sets realistic goals based on client involvement. Treatment approaches are consistently based on knowledge of current professional literature and, where applicable, empirically supported treatments.

___**P** Reaches case conceptualizations autonomously; recognizes improvements when pointed out by supervisor. Readily identifies emotional issues, but occasionally needs supervisory guidance for clarification of underlying issues and mechanisms. May need supervisory guidance in therapy goals and treatment approaches in difficult clientele. Treatment approaches are usually based on knowledge of current professional literature and, where applicable, empirically supported treatments.

___**I** Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the client, but needs supervisory guidance for development of awareness of underlying

issues and mechanisms. Needs supervisory guidance in therapy goals and treatment approaches aside from those addressed by clients. Treatment approaches are often based on knowledge of current professional literature and, where applicable, empirically supported treatments.

___**B** Needs extensive supervision to reach useful case conceptualization and treatment goals and approaches. Needs assistance to apply knowledge of current professional literature and empirically supported treatments.

___**NI** Responses to clients indicate significant inadequacies in theoretical understanding and case conceptualization. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals based on knowledge of client and current professional literature and empirically supported treatments.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.2b: Therapeutic Relationship and Sensitivity to Self

Achieves good rapport with appropriate professional boundaries. Sensitivity to personal reactions towards clientele and self-awareness of the impact of self (e.g., individual differences, transference, world views, etc) are apparent.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Establishes excellent and meaningful rapport with nearly all clients; reliably identifies potentially challenging clients and seeks supervision as needed. Accurately self-monitors own responses to differences and differentiate these from clientele responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity and the client's cultural identity in the therapeutic relationship.

___**P** Generally comfortable and relaxed with clients; handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success. Aware of impact of self. Aware of cultural issues. Uses supervision well to examine personal reactions towards clientele.

___**I** Actively developing skills with new populations. Relates well when has prior experience with the population. Uses supervision well to recognize impact of self and how this affects psychological work. While comfortable with some differences that exist between self and clients, may occasionally deny discomfort with clients to avoid discussing relevant personal and client identity issues. Uses supervision to help develop a better understanding of cultural issues.

___**B** Struggles establishing rapport or rapport is superficial in nature. A growing awareness of impact of self and how this affects psychological work is present. Requires supervision to work on cultural issues and to

learn how to better establish a therapeutic relationship.

___**NI** Alienates clients or shows little ability to recognize problems in rapport. Has little insight into impact of self and how this affects psychological work.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.2c: Individual Therapeutic Intervention and Sensitivity to Clientele Diversity

Treatment approaches and interventions are based on knowledge of current literature of diversity, diagnoses, intervention, and where applicable, empirically supported treatment. Treatment is applied with sensitivity to diversity, diagnoses, and cultures.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Treatment and interventions are based on knowledge of current literature and self-awareness of personal competence in utilizing treatment approaches and interventions. Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues. Spontaneously demonstrates motivation to increase knowledge and expand range of treatment approaches and interventions through reading, training, and consultation as needed.

___**P** Treatment and interventions are based on knowledge of current literature and self-awareness of personal competence in utilizing treatment approaches and interventions. Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues; seeks consultation readily when needed. Generally seeks reading, training, and consultation as a means to increase knowledge and expand range of treatment approaches and interventions.

___**I** Treatment facilitates client acceptance and change and is applied with sensitivity to diversity issues, though supervisory guidance is required to do so. Readily accepts reading, training, and consultation as a means to increase knowledge and expand range of treatment approaches and interventions.

___**B** Needs extensive supervisory guidance to apply treatments so that client acceptance and change is facilitated. Needs extensive supervisory guidance to apply treatments with sensitivity to diversity issues. Needs extensive supervisory guidance to increase knowledge and expand range of treatment approaches and interventions.

___**NI** Appears unconcerned about increasing knowledge and expanding range of treatment approaches and interventions.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.2d: Group Therapy Skills and Preparation
Knowledge of group dynamics and skills in effectively planning and facilitating/leading psychoeducational and/or process groups, including: intervening in group skillfully, attending to member participation, attending to group communication, and preparing necessary materials to facilitate group goals and tasks.

___**NA** Not applicable for this training/Not assessed during training experience.
___**A** Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session. If organization allows, can manage group alone in absence of co-therapist/supervisor.
___**P** Seeks input on group process issues as needed then works to apply new knowledge and skills. Is prepared for groups. Uses resources and data to incorporate current information into groups (e.g., mindfulness). Able to develop a group with little to no supervision.
___**I** Welcomes ongoing supervision to identify key issues and initiate group interaction. Identifies problematic issues in group process, but requires assistance to handle them. May require assistance organizing group materials and process. Uses role-play to help increase group skills in supervision.
___**B** Has significant insufficiencies in knowledge of group dynamics and understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is lacking and is disorganized.
___**NI** Lacks knowledge of group dynamics and understanding and implementation of group process. Cannot manage the group process. Unprepared for group therapy.
___**U** Engages in unethical and/or illegal practice and/or actions.
Comments:

Objective 2.3: Demonstrate consultation and communication competency. Effective communication with supervisors, peers, interdisciplinary team members, consumers, administration, and supportive agencies in order to convey findings and provide recommendations relevant to the needs of the referral source, treatment team, consumers, family members, and other entities is observed.

Objective 2.3a: Consultation/Supervision and Training Use
Seeks out consultation/supervision and training as needed and uses consultation/supervision and training time efficiently. Demonstrates receptiveness to consultation/supervision and training. Uses feedback from

supervisors and peers constructively while integrating input from other disciplines as required. Offers information/opinions only in areas of competence.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Open to feedback and actively solicits feedbacks without prompting. Shares opinions with others in areas of competence. Autonomously will seek supervision/consultation to better manage patient care.

___**P** Consistently seeks out consultation/supervision and training as needed, only occasional prompting and guidance to do so needed. Frequently receptive and open to consultation/supervision and training. Frequently uses feedback constructively. Offers information/opinions in areas of competence.

___**I** Seeks out consultation/supervision and training as needed, though may need prompting and guidance to do so. Generally receptive to consultation/supervision and training, but may be occasionally defensive. Generally uses feedback constructively and generally offers information/opinions only in areas of competence, though may overstep areas of competence occasionally.

___**B** Needs intensive consultation/supervision, training, and guidance. May be defensive and resistive to important and necessary feedback. May offer information/opinions outside areas of competence.

___**NI** Frequently misses opportunities for consultation/supervision and training. Fails to use consultation/supervision time efficiently. Frequently defensive and inflexible, resists important and necessary feedback. Frequently offers information/opinions outside areas of competence.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.3b: Consultation

Intern should understand the theoretical foundations and parameters of consultation, including ethical issues and current controversies within the field. Intern should demonstrate the capacity to effectively engage in consultation.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Can independently choose appropriate means of evaluating consultation issues in complex cases based on parameters in the field. Aware of all major ethical considerations and able to incorporate them into consultation activities. Able to formulate professional and relevant written work product or presentations with minimal supervisory input. Effective in establishing rapport when consulting with other parties in even difficult or highly contentious situations.

___**P** Aware of parameters and ethical concerns related to consultation in routine cases and seeks supervision when unsure in complex cases. Able to formulate a professional and relevant written or presented work product for routine cases, but may occasionally require significant supervisory input on more complex cases. Effective in establishing rapport when consulting with other parties in all but very difficult situations.

___**I** Aware of most parameters and ethical concerns related to consultation in routine cases, but few in complex cases. Able to independently design and implement consultation in routine cases with routine supervision; unable to independently design and implement consultation in complex cases. Written or presented work product generally effective in routine cases, but requires some improvement. Generally effective in establishing rapport when consulting with other parties.

___**B** Aware of some basic parameters in consultation. Can occasionally identify ethical concerns. Understands the process of designing and implementing consultation, but unable to do so independently. Unable to create a written or presented work product without significant revision. Minimally effective in establishing rapport when consulting with other parties.

___**NI** Unaware of parameters or ethical issues related to consultation which significantly hinders ability to effectively consult with others. Does not understand the process of designing or implementing consultation, and therefore, unable to create even minimally effective written or presented work product. Ineffective in establishing rapport when consulting with other parties.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.3c: Evaluation

Intern should understand the process of program or intervention evaluations, including design, data gathering, and organizational issues.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Independently develops methods to effectively evaluate complex interventions or programs. Develops goals and objectives relevant to organizational needs. Recognizes organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Exhibits forethought in structuring recommendations based on organizational demands. Seeks out training to further advance skills.

___**P** Independently develops methods to effectively evaluate routine

interventions or programs with minimal supervision. Develops goals and objectives relevant to organization needs. Recognizes most organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Develops recommendations to deal with organizational demands, missing no obvious potential difficulties and rarely missing minor potential difficulties.

___**I** Independently develops methods to effectively evaluate routine interventions or programs, but requires routine supervision and assistance. Develops some goals and objectives relevant to organization needs. Recognizes the majority of organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Can develop limited recommendations appropriate to deal with these demands, rarely missing obvious potential difficulties but occasionally missing minor potential difficulties.

___**B** Develops limited methods to effectively evaluate routine interventions or programs with guidance. Independently develops few goals and objectives relevant to organization needs and requires intensive supervision to structure evaluative projects. Recognizes few organizational demands and how these interact with changes in service delivery following a program or intervention evaluation. Develops few or inappropriately applied recommendations to deal with them.

___**NI** Unable to develop methods to effectively evaluate routine interventions or programs, even when provided guidance. Develops no or inappropriate goals and objectives relevant to organization needs. Recognizes no or inappropriate organizational demands related to evaluation or intervention. Develops no or inappropriately applied recommendations to deal with organizational demands.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.4: Demonstrate professional and ethical behavior competency. Acquisition of knowledge and execution of problem-solving strategies and professional behavior in addressing issues and conflicts related to ethics, law, supervision, and professional conduct

Objective 2.4a: Mandatory Supervision and Training

Attends supervision and training while displaying critical thinking, in part by acquiring, organizing, and applying information about psychological phenomenon. Displays capacity for self-examination of professional development. Orally delivers effective and precise case conceptualizations in supervision/training.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Spontaneously and consistently displays critical thinking in supervision and training. Openly engages in self-examination of professional development. Spontaneously and consistently orally delivers effective and precise case conceptualizations.

___**P** Consistently displays critical thinking in supervision and training. Often openly engages in self-examination of professional development. Consistently orally delivers effective and precise case conceptualizations, but may need occasional guidance and help in processing case conceptualizations.

___**I** Generally displays critical thinking in supervision and training. With guidance, openly engages in self-examination of professional development. Generally delivers effective and precise case conceptualizations, but needs prompting to be open to discuss and process case conceptualizations.

___**B** Needs intensive supervisory guidance in acquiring, organizing, and applying information about psychological phenomenon. Needs extensive supervision and guidance to engage in self-examination of professional development. Highly dependent on supervision for case conceptualization.

___**NI** Frequently fails to engage in critical thinking in supervision and training. Frequently fails to engage in self-examination of professional development. Largely fails to engage in case conceptualizations and/or case conceptualizations do not capture the essence of cases.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.4b Professional Relationships

Presents self in a professional, courteous manner. Displays sensitivity to individual/cultural issues in relationships with supervisors, peers, and staff. Conforms to organization and role of psychologists within organization and intra-disciplinary teams, as required. Conforms to LSHPIP expectation regarding schedules, absences, submission of work product, etc.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Maintains presentation of self in a professional, courteous manner. Maintains sensitivity to individual/cultural issues in relationships with supervisors, peers, and staff as evidenced by behaviors and ability to process relationships. Behaviors are spontaneously consistent with the organization milieu and role of psychologists within the milieu. Adheres to LSHPIP expectations as outlined in the handbook. Serves as a role model not only for interns but also other staff.

___**P** Maintains presentation of self in a professional, courteous manner, though may overlook sometimes. Displays sensitivity to individual/cultural issues in relationships with supervisors, peers and staff, but may need occasional guidance and help in processing said issues. Behaviors are consistent with the organization milieu and role of psychologists within the milieu. Adheres to LSHPIP expectations as outlined in the handbook.

___**I** Generally maintains presentation of self in a professional, courteous manner, though may overlook sometimes. Appears aware of individual/cultural issues in relationships with supervisors, peers, and staff, but needs prompting to be open to discuss and process sensitivity issues. Behaviors are generally consistent with the organization milieu and role of psychologists within the milieu. Adheres to LSHPIP expectations as outlined in the handbook.

___**B** Often unaware of presenting self in a professional, courteous manner. Needs supervision regarding dress code, personal boundaries, and time management. Often unaware of individual/cultural issues in relationships with supervisors, peers, and staff.

___**NI** Is unconcerned about or disregards presenting self in a professional, courteous manner. Is unconcerned or disregards individual/cultural issues in relationships with supervisors, peers, and staff. Behaviors are generally inconsistent with the organization milieu and role of psychologists within the milieu. Largely fails to adhere to LSHPIP expectations as outlined in the handbook.

___**U** Engages in unethical and/or illegal practice and/or actions. Disregards the LSHPIP handbook.

Comments:

Objective 2.4c: Supervision Knowledge

Intern understands the specialization of supervision, including standards and ethical issues.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Possesses an accurate working knowledge of the specialization of supervision, including various models and techniques. Able to employ effective supervisory skills in a consistent manner and accurately evaluate complex ethical dilemmas related to supervision to arrive at appropriate resolutions.

___**P** Possesses an accurate working knowledge of the specialization of supervision, including various models and techniques. Able to employ effective supervisory skills in a generally consistent manner with limited supervision or feedback.

___**I** Possesses a generally accurate working knowledge of the

specialization of supervision, including various models and techniques, but requires further education. Able to employ some effective supervisory skills, but may be inconsistent and requires routine training or supervision/consultation.

___**B** Possesses some working knowledge of the specialization of supervision, including various models and techniques, but requires further training or supervision/consultation.

___**NI** Possesses very limited working knowledge of the specialization of supervision, including various models and techniques. Able to employ almost no supervisory skills in an effective manner.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.4d: Ethics and associated legal statutes

Knowledge of ethical principles and/or state/national laws, including impact of cultural and individual differences. Consistently applies knowledge appropriately, seeking consultation/supervision as needed and demonstrating concern for the welfare of others.

___**NA** Not applicable for this training/Not assessed during training experience.

___**A** Spontaneously and consistently identifies ethical and/or legal issues and addresses them proactively. Uses reliable judgment concerning necessity of seeking out consultation/supervision as needed.

___**P** Consistently identifies ethical and/or legal issues and appropriately asks for supervisory input.

___**I** Generally recognizes situations where ethical and/or legal issues may be pertinent and not only seeks supervisory input but is responsive to feedback.

___**B** Is sometimes unaware of ethical and/or legal issues and requires intensive supervision. Has a basic understanding of hospital policies and guidelines. Needs prompting to discuss situations in the supervisory setting.

___**NI** Disregards supervisory input regarding ethics and/or law. Little to no awareness of hospital policies, ethical guidelines, or state/Federal laws.

___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.5: Demonstrate human diversity competency. Acquisition of knowledge and understanding of and sensitivity to issues related to cultural diversity and individual differences.

Objective 2.5: Demonstrates and applies research based knowledge related to individual differences and cultural diversity.

Competency Ratings Descriptions

___**NA** Not applicable for this training/Not assessed during training experience.
___**A** Awareness of individual and client cultural issues is present in all therapy/assessment cases.
___**P** Good self-awareness and understanding of cultural issues.
___**I** Possess adequate self-awareness and is able to apply own experiences and supervision guidance to better understand the role of culture in treatment/assessment.
___**B** Has some insight into own functioning and culture and its impact on others. Some awareness of cultural issues but mainly based on a "book learning" approach.
___**NI** Limited to no understanding of cultural issues and its impact on treatment/assessment. No self-awareness.
___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 2.6: Demonstrate application of research to clinical practice.

Objective 2.6: Provides evidence of applying research data and new knowledge to treatment/assessment.

___**NA** Not applicable for this training/Not assessed during training experience.
___**A** Has collaborative responsibility for carrying out part of a research, evaluation, or outcome project
___**P** Initiates discussion of literature relevant to rotation experience with supervisor and incorporates/applies new knowledge in clinical work as demonstrated in case notes, supervision, or case conferences.
___**I** Is able to find literature and needs occasional guidance in applying research to clinical practice
___**B** Reads and is able to discuss literature with supervisor but needs frequent guidance in applying research to clinical practice.
___**NI** Needs on-going prompting to review literature. Supervisor provides resources and focuses discussion on research implications to clinical practice.
___**U** Does not read/review literature

Comments:

Goal 3: Prepare interns for entry level practice in professional psychology.

Objective 3.1a Organizational Skills and Autonomy
Efficient and effective time management with appropriate prioritization and capacity to manage workload. Demonstrates initiative and ability to work independently.

___**NA** Not applicable for this training/Not assessed during training experience.
___**A** Efficient and effective time management in accomplishing tasks without prompting, reminders, or deadlines. Independent in performing delegated job tasks.
___**P** Typically completes work within scheduled time frames. Accomplishes tasks in a timely manner, but needs occasional prompting, reminders, or deadlines. Largely independent in performing delegated job tasks.
___**I** Completes work effectively and promptly by using supervision time for guidance. Regularly needs prompting, reminders, or deadlines. Occasionally independent in performing delegated job tasks.
___**B** Highly dependent on reminders or deadlines. Highly dependent on assistance to perform delegated job tasks
___**NI** Frequently has difficulty with timeliness or tardiness. Unable to perform delegated job tasks without assistance.
___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 3.1b: Documentation
Documentation reflects therapeutic intervention and/or assessment.

___**NA** Not applicable for this training/Not assessed during training experience.
___**A** Maintains complete records of all client contacts and pertinent information. Notes are clear, concise, and timely.
___**P** Maintains records on clients; may overlook some minor details, but recognizes oversights and retroactively makes corrections. Documentation always includes crucial information.
___**I** Needs feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information.
___**B** Needs considerable direction from supervisor on documentation. May leave out crucial information.
___**NI** May seem unconcerned about documentation and may neglect it.
___**U** Engages in unethical and/or illegal practice and/or actions.

Comments:

Objective 3.1c: Complete time requirements (completed at the end of internship)

Met	Not Met	Documentation of 2000 hours of APA-approved internship training
Met	Not Met	Documentation of a minimum of 500 hours (25%) of direct patient contact
Met	Not Met	Documentation of a minimum of 200 hours (10%) of supervision
Met	Not Met	Documentation of a minimum of 50 hours of didactic training experience

Supervisor Overall Comments/Summary:

_____
_____
_____
_____
_____
_____

_____
Supervisor Signature/Date

Intern Comments:

_____
_____
_____
_____
_____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

_____
Intern Signature/Date

Range of Diversity Experiences

Intern: _____ Date: _____ Supervisor: _____

Rotation: Primary _____ Secondary _____

Instructions: During each rotation, keep a running diversity log to show the range of your diversity experience. Indicate the number of patients you assess and/or work with in therapy/assessment and number of staff you work with in your interdisciplinary teams that have the following characteristics:

	Consumers		Staff
	Assessment	Therapy	
African American	_____	_____	_____
Asian American	_____	_____	_____
Hispanic-American	_____	_____	_____
Native American	_____	_____	_____
Biracial	_____	_____	_____
Multiracial	_____	_____	_____
Lesbian	_____	_____	_____
Homosexual male	_____	_____	_____
Bisexual/transgender	_____	_____	_____
Non-traditional family	_____	_____	_____
Persons living with HIV/AIDS	_____	_____	_____
Over age 65	_____	_____	_____
Physical disabilities	_____	_____	_____
Homeless	_____	_____	_____
Combat veteran	_____	_____	_____
Rural	_____	_____	_____
Low Socioeconomic status	_____	_____	_____
Religion	_____	_____	_____
Other	_____	_____	_____

Case Conference Evaluation Form

Intern: _____ Date: _____

Strengths: Weaknesses:

Competencies that are expected to be demonstrated during the case conference (please fill in the space the topic that was covered in this case conference and indicate the level of competency):

	Beginning	Intermediate	Advanced	Not Applicable
1. Assess./Diagnosis:				
Comments:				
2. Intervention:				
Comments:				
3. Consultation/Communication:				
Comments:				
4. Professional and Ethical Behavior:				
Comments:				
5. Human Diversity:				
Comments:				
6. Research:				
Comments:				

Comments on overall presentation:

Reviewed by _____ _____
Intern Date

_____ _____
Supervisor Date

Supervision Model

Supervision is provided both formally and informally throughout the internship year. In keeping with APA and APPIC standards, a minimum of four (4) hours of formal supervision is scheduled each week. Many additional hours are accumulated and logged through informal or extra scheduled time.

Rotation supervisor:

- Integrates activities of intern
- Provides specific (consumer focused) supervision of intern's caseload
- Supervises intern's rotation related to administrative responsibilities
- Participates with intern in co-therapy/co-assessment as appropriate
- Oversees initiation and completion of rotation contracts

Director of Training:

- Provides general administration of internship
- Provides supervision related to the above
- Provides supervision related to professional development
- Coordinates the didactic program
- Contributes to the evaluation of the interns
- Oversees completion of competency and minimum requirements
- Chairperson, Psychology Internship Committee

Larned State Hospital
Psychology Internship Student Supervision Agreement

This is an agreement between _____ (Intern) and _____ (Supervisor) and Larned State Hospital. **Both parties agree to the following:**

1. This supervisory arrangement is established for the following purpose(s): to establish new competencies and provide an opportunity in beginning professional development in the field of psychology. To the degree to which each party exercises control, it is the responsibility of both the supervisor and supervisee to ensure that the terms and conditions of the proposed supervision meet all requirements consistent with the above stated purpose of the supervised experience.
2. The term of supervision will be from August 10, 2015 to August 5, 2016.
3. Supervisee is expected to work 40 hours/week in professional activities being supervised, with 2 hours of 1:1 supervision/week from the primary supervisor, 1 hour of supervision from the secondary supervisor, and 1 hour of group supervision. The primary supervisor shall retain responsibility for oversight of the delegated work. (Delegated supervision may entail assigning a portion of the supervisee's work to the oversight of someone with specialty competency in an area of supervisee interest such as assessment or a treatment modality or an ethnic population, as examples. Group supervision may involve additional supervisees of the same discipline or a treatment team, as examples.)
4. No agent, associate, or employee furnished by either party shall be construed to be an agent, associate, or employee of the other party. This Agreement shall not be construed as a partnership, a partnership agreement, a contract of employment, a joint venture or a profit sharing agreement. Neither party has the authority to obligate the other to any additional undertaking or commitment whatsoever.
5. _____ (Intern) is receiving an approximate $24,000 stipend BUT no insurance benefits from Larned State Hospital.
6. Both parties have reviewed and consent to written policies and practices concerning client record keeping and access to records, documenting of supervised activities, documenting of supervision, confidentiality of client information and exceptions to confidentiality, handling of client emergencies and terminations, reporting of identity and supervised status of service provider, the indication of supervised status on all documents and reports, informing clients of provider's supervised status, and obtaining appropriate client informed consent.
7. Malpractice insurance to cover the supervisee's professional services rendered under supervision will be procured, maintained in full force and funded by the student or student’s school.
8. Both parties agree to keep one another informed of all the facts about any alleged injury from the care or treatment of any patient and, subject to the terms of the malpractice policies, cooperate with each other in the conduct of the defense of any such claim.
9. Both parties agree to keep one another informed of changes, which may affect any of the terms of this Contract. Modifications to this Contract may be made

with agreement of both parties. Any dispute arising between the parties regarding the enforcement or application of this Agreement must first be submitted to mediation (The Internship Committee Review Board).

The Supervisor agrees to the following:

1. The supervisor will strive toward avoiding any problematic dual or multiple relationships with the supervisee, which could reasonably be expected to lead to exploitation or loss of objectivity. If a dual or multiple relationship does exist, the supervisor is responsible for explaining how the said relationship does not hamper objectivity or exploit the supervisee and the means developed to prevent/resolve any problems, which may arise from the said relationship.
2. The supervisor is responsible for the professional services provided by individuals under his/her supervision. The supervisor will assign to the supervisee only such tasks as the parties agree that the supervisee is competent to deliver by reason of the supervisee's training and experience. The supervisor will assign activities and delegate supervision in a manner consistent with the purpose(s) of this supervision contract, applicable state and federal law and the requirements of any applicable third-party payer program. Proposed supervisee activities are as follows: co-facilitating psychoeducational groups, shadowing various psychologists while conducting assessments and treatment, completing summaries for evaluation purposes, and collecting research articles in a field of interest. The back-up supervisor in case of emergency or absence of primary supervisor is your secondary supervisor. The supervisor will document supervision in the following manner: Contact log in a calendar.
3. The supervisor will continually evaluate the appropriateness of the services rendered and the professional development of the supervisee. Formal evaluation of the supervisee will occur on an on-going basis according to the procedures outlined in this handbook.
4. The supervisor proposes the following nature/style/manner of providing supervision to the supervisee: Face-to-face direct observation.
5. Appropriate space, equipment, and support services will be provided to supervisee.
6. The supervisor will maintain the following credentials in good standing: PhD/PsyD and LP. It is understood that the supervisory relationship must be terminated during any time the supervisor's license or other required credential(s) are suspended or subject to other disciplinary sanctions.
7. The supervisor will ensure the supervisee uses a title indicating the appropriate training status (Pre-doctoral Intern).
8. Supervision will normally take place at the same site the supervisee's services are delivered.

The Supervisee agrees to the following:

1. The supervisee will document supervised activities in the following manner: Contact Log.
2. The supervisee will follow all ethical codes, legal requirements, and office policies.

3. The supervisee will inform all clients of the supervised status of the treatment provider and obtain client consent prior to the commencement of services. The supervisee will ensure the supervised status is documented on all written reports.
4. The supervisee will consider the supervised experience as a learning opportunity and seek the benefit of the supervisor's instruction and oversight.

I have read the above, had an opportunity to discuss related questions, and agree to the provisions set forth.

_____ _____
Supervisor Date

_____ _____
Supervisee Date

Program and Competency-Related Goal Setting

Introduction: The section describes training, rotation, and case goals and describes how they are related to the program. Specific attention is given to how specific rotation and case goals are tied to the program competencies

Training goals: Develop training goals in view of the three program goals (prepare scholar-practitioner psychologists, prepare competent psychologists, and prepare interns for entry level practice in professional psychology)

Definition: Over the course of the internship year, proposed training goals are set to meet the three program goals noted above. During the initial weeks of the internship, each intern meets with his or her supervisors to develop training goals for the upcoming year. This process involves a discussion and/or review of the intern's professional goals, previous education, training, and clinical experiences, strengths and weaknesses, training interests and needs for the internship year, and competencies to be pursued. When the intern and the supervisor have reached agreement on the goals, the proposed internship course is signed and submitted to the Director of Training. If changes are needed, an addendum is completed and attached to the original.

Training Goals and Proposed Course Outline

Intern: _____ Date: _____

Supervisor: _____ Date: _____

Director of Training: _____ Date: _____

Instructions: The intern needs to develop training goals for the internship year. These are a work in progress and can be modified as necessary throughout the year. These goals are individualized and developed between the psychology supervisor and the intern.

Goal Number ____:

Three-month progress update:

Six-month progress update:

Nine-month progress update (for primary rotation only):

Twelve-month progress update (for primary rotation only):

Signatures:

_____ _____
Date Intern

_____ _____
Date Supervisor

LSH PSYCHOLOGY INTERNSHIP EVALUATION

This form has two parts. Part I requests general information about the internship setting. Part II requests information about your principal supervisor. This form is to be returned to the Internship Director. This form must be completed in order to receive credit for completion of your internship year (**Due AUGUST 1, 2016**).

Part I

1. Identification

a) Primary supervisor: _____

b) Secondary supervisors: _____

2. Description of Activities

What percent (%) of your working time did you spend within the following activities?

a) *Assessment:* interviewing ____
testing ____
other ____

Subtotal for assessment _____

b) *Treatment*: Individual psychotherapy ____
Group psychotherapy ____
Consultation to clients ____
Other (specify): _____

Subtotal for treatment ____

c) *Administration* (e.g., administrative meetings, policy sessions, memo writing, compiling statistics) ____

d) *Study and research* (article review and research) ____

e) *Supervision and Consultation* (e.g., individual/group supervision, case conference) ____

f) Time at the internship in which you found little to do____

GRAND TOTAL (should equal) 100%

3. Description of Patients

a) What percent (%) of your internship time was spent with the following age groups?

Adolescents (14-18) ____

Adults (19-65) ____

Older adults (>65) ____

TOTAL 100%

b) During what percent of your internship time did you work with the following general categories of presenting problems:

Schizophrenia & other psychotic disorders ____
Mood disorders ____
Anxiety disorders ____
Substance use disorders____
Personality disorders____
Learning disabilities ____
Neuropsychological problems ____
Mental retardation____
Conduct disorder/oppositional defiant____
Other: _____
_____

TOTAL 100%

4. Congruence of experience with expectations

a) Compared to your expectations when you agreed to take on this internship experience, did you put in:
More hours than anticipated ____
About the number of hours anticipated ____
Fewer hours than anticipated ____
Comments:
_____
_____

b) Were the activities of the internship:
As you expected ____
Different from what you expected ____
Comments:
_____
_____

c) Did you feel able to negotiate with representatives of the site when your expectations or needs were different from the experiences you were having?
Yes ____
No ____
Sometimes ____
Not relevant ____
Comments:
_____
_____

5. Exposure to other professionals

Did you have contact with professionals from other disciplines?
a lot ____
Occasionally ____
Very little ____

None at all ____

Would you have liked the opportunity for more contact with other disciplines?
What I had was sufficient ____
I would have wanted more contact ____
Comments: _____
_____

Part II
The items below ask for ratings and comments about your experience with your primary and secondary supervisors (please make copies as needed).

1. Supervisory Timeliness: (e.g., punctuality, keeping appointments, providing the supervisory time you had been scheduled to receive, reports reviewed/returned w/commentary w/in one week of receipt).

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:
_____
_____
_____

2. Interests: (e.g., Was the supervisor interested in supervision, involved in intern's progress, etc).

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:
_____
_____
_____

3. Openness and Supportiveness: (e.g., Did the supervisor exhibit warmth, empathy, absence of interfering biases or "defenses"; support provided by supervisor in dealing with difficult situations).

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:
_____
_____
_____

4. Adequacy of Teaching Methods: (this may, but does not necessarily have to include such things as providing demonstrations, role playing, direct suggestions or information, feedback on session tapes and readings).

_____

1 2 3 4 5
Poor Marginal Satisfactory Very good Excellent
Comments:

_____
_____
_____

5. Provision of Feedback during the course of the semester: (e.g., providing feedback on day-to-day handling of cases, therapist presentation, general progress of therapist).

_____

1 2 3 4 5
Poor Marginal Satisfactory Very good Excellent
Comments:

_____
_____
_____

6. Helpfulness of ongoing feedback:

_____

1 2 3 4 5
Poor Marginal Satisfactory Very good Excellent
Comments:

_____
_____
_____

7. Supervisor's Level of Knowledge: (e.g., knowledge of relevant research, resourcefulness, adequacy as a role model, clinical skills).

_____

1 2 3 4 5
Poor Marginal Satisfactory Very good Excellent
Comments:

_____
_____
_____

8. How much do you feel you have learned from this supervisor?

_____

1 2 3 4 5
Nothing A little bit Satisfactory Above average Tons
Comments:

_____
_____
_____

9. How would you rate the overall quality of this supervisor (e.g., supervisor as a professional role model)

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

10. Exposure to other supervisors
a) How much contact did you have with other supervisors?

_____

1	2	3	4	5
None	Very little	Satisfactory	Frequently	All the time

Comments:

_____
_____
_____

11. How would you rate the availability of physical resources (e.g., books, tests, materials, computers, etc).

_____

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

Comments:

_____
_____
_____

12. Do you have any additional comments on quality of supervision, your experience within the setting, etc.?

_____
_____
_____
_____

13. Do you have any suggestions regarding how the internship experience in this setting might be improved in the future?

_____
_____
_____
_____

LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM
INTERN SELF-EVALUATION
(To Be Completed Annually—Added for the 20115-2016 class)

Intern's Name: _____
Please rate yourself in each of the following major domains of practice as a clinical psychologist, taking time to reflect on personal strengths and areas of growth as you complete your training. This is intended to be a reflective process of growth for you to discuss with your supervisor(s) as you anticipate the next steps in your clinical career.

Rating Scale (competency):

0	1	2	3	4
Not at all/slightly	Somewhat	Moderately	Mostly	Very

Psychological Assessment:
Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Intake/Interviews	0	1	2	3	4
B	Test Selection and Administration	0	1	2	3	4
C	Test Scoring and Interpretation	0	1	2	3	4
D	Assessment Writing Skills	0	1	2	3	4
E	Knowledge of DSM-5 Diagnoses and Differential Diagnoses	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

Intervention Competency Overall Self Rating:
Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Case Conceptualization and Therapy Goals	0	1	2	3	4
B	Therapeutic Relationship and Sensitivity to Self	0	1	2	3	4
C	Client Diversity	0	1	2	3	4
D	Group Therapy Skills and Preparation	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

Consultation/Supervision Competency Overall Self Rating:

Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Use of Consultation/Supervision	0	1	2	3	4
B	Evaluation (program or intervention evaluations)	0	1	2	3	4
C	Professional Behavior and Ability to Accept Feedback	0	1	2	3	4
D	Mandatory Supervision and Training	0	1	2	3	4
E	Supervision Knowledge	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

Professional Development Competency Overall Self Rating:

Please rate your competency (0-4 scale as identified above) as relates to the following:

A	Professional Relationships	0	1	2	3	4
B	Ethics and Associated Legal Statutes	0	1	2	3	4
C	Application of Research to Clinical Practice	0	1	2	3	4
D	Organizational Skills and Autonomy	0	1	2	3	4
E	Documentation	0	1	2	3	4

Please add comments for perceived strengths and perceived areas of continued growth:

Supervisor's Comments/Ratings:

Intern's Signature **Date**

Supervisor's Signature **Date**

LSHPIP
One Year Follow-up Survey

Name:

Current employment location:

Current job title:

Current job duties:

Current licensure status:

Please answer the following questions:

Using the below scale, please rate LSHPIP on how well we met our objectives to best prepare you as a psychologist

1	2	3	4	5
Poor	Marginal	Satisfactory	Very good	Excellent

____Demonstrate scholar-practitioner knowledge and understanding
____Conducting/completing Intake/Clinical Interviews
____Psychological Test Selection and Administration
____Psychological Test Scoring and Interpretation
____Report Writing Skills
____Demonstrate knowledge of DSM-5 and differential diagnosis
____Case Conceptualization and Therapy Goals
____Therapeutic Relationship and Sensitivity to Self
____Individual Therapeutic Intervention and Sensitivity to Clientele
____Diversity
____Group Therapy Skills and Preparation
____Consultation/Supervision
____Program Evaluation
____Professional Relationships
____Supervision Knowledge
____Demonstrate knowledge and application of research findings to clinical practice
____ Ethics and associated legal statutes
____Organizational Skills and Autonomy
____Documentation

APPENDIX A

Psychology Department Staff

Applequist	Keri	Psychologist II
Twitchell	Dyann	Human Services Counselor
VACANT		Program Consultant I
VACANT		Director of Psychology
Bantam-Cooper	Pamela	Psychologist II
Gilbertson	Kari	Psychologist II
Meadows	Dale	Chemical Dependency Counselor
Cullison	Sandra	Human Services Counselor
Farr	Rebecca	Psychologist III
Daum	Roy	Psychologist II
Karp	Robin	Psychologist IV
Johnson	Angelina	Psychologist II
Smith	Dennis R.	Chemical Dep. Counselor
Burcham	Angela	Psychologist II
Murray	Sean	Program Consultant I
Sanders	Shannon	Psychologist II
Tims	David	Psychologist II
Stude	Wendy	Chemical Dependency Counselor
Zoglman	Jessica	Psychologist II
DiRubbo	Christine	Psychologist III
Barrett	Lisa	Psychologist III
VACANT		Psychologist IV
Vacant		Senior Administrative Assistant
Nwachukwu-Udaku	Okey	Psychologist II
Orth	Tammy	TPC Sr. Administrative Assistant
Coffield	Snow	TPC Sr. Administrative Assistant
Greathouse	Tina	TPC Sr. Administrative Assistant

Training Faculty

Thomas Kinlen, Ph.D., L.P., Superintendent/Director of Training
Robin Karp, Psy.D., LP

APPENDIX B
Example of an Intern Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Minor rotation	4 Primary rotation & intern/post-doc group	5 Primary rotation	6	7 Primary rotation & Group Sup (1-5)	8
9	10 Minor rotation	11 Primary rotation & intern/post-doc group	12 Primary rotation	13 Primary rotation	14 Primary rotation & Group Sup (1-5)	15
16	17 Minor rotation	18 Primary rotation & intern/post-doc group	19 Primary rotation	20 Primary rotation	21 Primary rotation & Group Sup (1-5)	22
23	24 Minor rotation	25 Primary rotation & intern/post-doc group	26 Primary rotation	27 Primary rotation	28 Primary rotation & Group Sup (1-5)	29
30	31 Minor rotation					

*Interns will have 2 hours of individual supervision a week from primary supervisor
* Interns will have 1 hour of individual supervision a week from secondary supervisor
* Interns will have 1 hour of group supervision a week from

Appendix C

Didactic Training Schedule
Fridays, 1-500
Volunteer Building Conference Room

August 13	DSM-5 training (Dr. Kinlen) Learning objectives include: Reviewing/learning the new diagnostic changes to the DSM-5. Work on case conceptualizations using DSM-5. Reference list: DSM-5; Video of DSM-5 training
August 14	Review of handbook (Dr. Kinlen) Learning objectives include: reviewing the evaluation forms for the internship, discussing use of time, the grievance process, discussing the didactic training schedule, etc. Reference list includes the LSHPIP Handbook
August 21	SOTIPS/ACUTE/STABLE (Dr. Cappo)
August 28	Ethics/Duty to Warn (Dr. Kinlen) Learning objectives include reviewing the hospital's policies on ethical and professional behavior, an overview of the APA Ethics code, the Forensic Specialty Guidelines, and the hospital's Duty to Warn Policy. References used are LSH policies, APA Ethics Code (2002), and the Forensic Specialty Guidelines.
September 4	Working within a team (David Tims) Learning objectives include: • Participate in brief team-building exercises • Discuss the various members of the tx teams at LSH as well as simple means of engaging them in the tx process • Specifically discuss the importance of including front-line staff in the team process • State personal goals for incorporating the team concept into personal growth during the internship/fellowship experience References: Larned State Hospital Written Plan for Professional Services

September 11

Functioning as a Treatment Team Leader and Conflict Resolution
(Dr. Karp)
Learning Objectives include:

- Identify the context of culture in conflictual situations
- Learn communication and conflict resolution skills that allow individual needs to be met, without infringing on the rights of others
- Learn how to apply the Partnership Process for Effective Conflict Resolution in workplace settings
    - Demonstrate an understanding of the treatment team leader's roles and responsibilities at Larned State Hospital
    - Learn about effective team functioning and ways to improve team cohesiveness
    - Learn about the importance of effective communication within the team
    - Learn ways to encourage fun in team meetings and learn several team building exercises
    - Define the importance of delegating and how to delegate in a treatment team setting

References: Larned State Hospital Written Plan for Professional Services; Kansas Department of Social and Rehabilitation Services. (December, 2004). Managing Conflicts and Improving Relationships in the Workplace. SRS-KSU Development Contract.

September 18

PSP/SSP/SPTP Legal Issues
(Brenda Hagerman)
Learning objectives include reviewing and understanding important statutes, legal considerations with our patients on all three programs. Reference list include various Kansas statutes and case law.

September 24 (Thursday)

SPTP
(Keri Applequist)
Learning objectives including the history of the SVP laws, the SVP law in Kansas, and an overview and history of the LSH SPTP program. Reference list includes various Supreme Court Cases (US v. Hendricks; Crane v. US and data from the SPTP program evaluation process.

October 2

COD/Thinking for Change
(Dennis Smith, Dale Meadows)
Learning objectives include defining COD, role of COD at LSH, Dual Diagnosis workbook by Dennis Daley "Why I

	Came to Treatment." Also from the Internet resources include NIDA, SAMSHA, and Chestnut.org
October 9	Group Therapy (Dr. Karp) Learning Objectives include: • Review common group modalities for inpatient settings • Recognize types of problems encountered with conducting inpatient group therapy • Discuss strategies to address problems • Identify ethical issues associated with group therapy conducted in an inpatient setting References: American Group Psychotherapy Association Science to Service Task Force. (2007). Practice Guidelines for Group Psychotherapy. Available from http://www.apga.org/guidelines/index.html Brabender, V. (2002). Introduction to group therapy. New York: John Wiley & Sons. Center for Substance Abuse Treatment. (2005). Substance Abuse Treatment: Group Therapy. Rockville (MD): Substance Abuse and Mental Health Services Administration (US). Available from http://www/ncbi.nim.nih.gov/books/NBK64220 Hillibrand, M. & Young, J. L. (2008). Instilling hope into forensic treatment: The antidote to despair and desperation. Journal of the American Academy of Psychiatry and the Law, 36(1), 90-94. Yakeley, J. & Adshead, J. (2013). Locks, keys, and security of mind: Psychodynamic approaches to forensic psychiatry. Journal of the American Academy of Psychiatry and the Law, 41(1), 38-45. Yalom, I. D. & Leszcz, M. (2005). The theory and practice of group psychotherapy (5th ed.). New York: Basic Books.
October 16	Suicide assessment (Sean Murray) Learning objectives include a statistical review of suicide across various cultures, age groups, and other demographic information. Additionally, learning objectives include a review of suicide warning signs and assessment measures. References include: material from http://www.suicidology.org/web/guest/home
October 23	CAMS/Suicide Assessment (Dr. Johnson)

	Learning objectives include a how to in completing CAMS assessments at LSH. Also will review the SPS, BDI-II, MMPI-2, and PAI suicide scales. References include Managing Suicidal Risk by David A. Jobes.
October 30	Competency to Stand Trial (Dr. Daum) Learning objectives include the history of competency evaluations, competency evaluations in Kansas, special populations, assessment tools, and the evaluation process. References include: Various assessment manuals (ECST-R/CAST*MR), state statutes, Supreme Court cases (Dusky v. US; Sell v. US), books by Thomas Grisso (Competency to Stand Trial Evaluations: A Manual for Practice, Forensic Evaluation of Juveniles).
November 6	Parallel Assessment for Competency to Stand Trial (Dr. Daum) Learning objectives include ruling out mental impairment, and methods of collecting data and reporting to the court when the reportee is uncooperative. References include Stredny, R. V., Torres, A. & Wolber, G. J., "Parallel Assessment of Competence to Stand Trial", American Journal of Forensic Psychology, Vol 27, Issue 1.
November 13	Malingering (Shannon Sanders) Learning objectives include defining malingering and assessing malingering (with a discussion on various assessment tools. References include: Clinical Assessment of Malingering and Deception, Third Edition by Richard Rogers PhD ABPP and the manuals for the TOMM/SIRS/SIMS.
November 20	Dealing with difficult clients (Dr. DiRubbo) Learning objectives include defining "difficult", identifying difficult clients, working with difficulties in a constructive manner. Learning objectives also include techniques for dealing with difficulty in the therapy process, in particular the example of ACT. Examining the example of Motivational Interviewing. References include Miller, W.R. & Rollnick, S. Motivational Interviewing: Preparing People for Change, Luoma, J.B., Hayes, S.C. & Walser, R.D., Learning ACT
November 27	Holiday

December 4	Termination (Sandy Cullison; Kari Gilbertson)
December 11	The GLM/SRM-R Model (Dr. Okey/Pam Cooper) Learning Objectives include understanding a Positive Psychology model for working with patients who offend sexually. The development and underpinnings of the model. Applications to treatment and to other populations Reference: Yates, Prescott and Ward (2010) Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment
December 18	SPE (Dr. Farr)
December 25	Holiday
January 1	Holiday
January 8	Stages of change model and treatment impact (Dr. Kinlen)
January 15	Program Evaluation (Dr. Kinlen) Learning objectives include an overview of program evaluation. References include: Program Evaluation: Methods and Case Studies, 7th Edition by Emil J. Posavac and Raymond G. Carey.
January 22	Job interviews (Dr. Kinlen) Learning objectives include how to best prepare for a job interview—time is spent looking at what to do before, during, and after a job interview. References include: http://www.snagajob.com/videos/job-interviews/
January 29	EPPP (Dr. Farr) Learning objectives include preparing for the examination. References include practice tests and material from EPPP preparatory classes.
February 5	Multicultural Diversity (Dr. Hofstadter) Learning objectives include defining diversity, discussing its importance to psychology, and then focusing on diversity as

it relates to LSH staff and patients. Reference list includes: Sue, D. W. & Sue, D. (2007), *Counseling the Culturally Diverse: Theory and Practice*, John Wiley & Sons, Inc. APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations, Bernal & Rodriguez (2012), *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations,* American Psychological Association.

February 12

Behavior Support Plan (BSP)
(Dr. Karp)
Learning objectives include understanding the elements of a BSP plan, tailoring it for maximum effectiveness, the training and motivating of unit staff, and the collection, compilation and utility of the data garnered.
References include: the BSP template and related hospital policies, including locked room policies.

February 19

WAIS-IV/RIAS/KBIT-2, Part I
(Dr. Barrett)
Learning objectives include administration of the WAIS-IV. References include the WAIS-IV manual and Assessment with the WAIS-IV; Learning objectives include administration, scoring, and interpretation using the RIAS. References include the RIAS manual, Edwards, O. W., & Paulin, R. V. (2007). Referred students' performance on the Reynolds Intellectual Assessment Scales and the Wechsler Intelligence Scale for Children–Fourth Edition. *Journal of Psychoeducational Assessment, 25, 334-340;* Krach, S. K., Loe, S. A., Jones, W. P., & Farrally A. (2009). Convergent Validity of the Reynolds Intellectual Assessment Scales (RIAS) Using the Woodcock-Johnson Tests of Cognitive Ability, Third Edition (WJ-III) with University Students. *Journal of Psychoeducational Assessment, 27, 355-365*.

February 26

WAIS-IV/RIAS/KBIT-2, Part II
(Dr. Barrett)
Continuation of the testing education and experience begun in Week One above. Learning objectives and references remain the same.

March 4

Psychopharmacology
(Dr. Karp)
Learning objectives include

- Understand the basic principles of pharmacokinetics

- Develop an understanding of pharmacological psychodynamics
- Learn the commonly prescribed psychotropic medications, their uses, and possible side effects
- Discuss controversy regarding prescriptive privileges for psychologists

References

American Psychological Association. (2011). Practice guidelines regarding psychologists' involvement in pharmacological issues. *American Psychologist*, 66, 838-839.

Beers, M. H., Porter, R. S., & Jones, T. V. (Eds.). (2006). The Merck manual of diagnosis and therapy (18th ed.). Whitehouse, NJ: Merck.

Fox, R. E., DeLeon, P. H., Newman, R., Sammons, M. T., Dunivin, D. L., Backer, D. C. (2009). Prescriptive authority and psychology: A status report. *American Psychologist*, 64(4), 257-268.

Herrick-Davis, K., Grinde, E., & Teitler, M. (2000). Inverse Agonist Activity of Atypical Antipsychotic Drugs at Human 5-Hydroxytryptamine 2C Receptors. *Journal of Pharmacology*, 295, 226-232.

Holloway, J. D. (2004). Gaining prescriptive knowledge. *Monitor on Psychology*, 35(6), 22.

Holloway, J. d. (2004). Louisiana grants psychologists prescriptive authority. *Monitor on Psychology*, 35(5). Retrieved from http://apa.org/monitor/may04/louisianars.aspx

Honberg, R., & Miller, J. (2002). Prescribing Privileges Task Force Report and Recommendations to the NAMI board of directors. Retrieved from http://www.nami.org/Template.cfm?Section=Policy&Template=/ContentManagement/ContentDisplay.cfm&ContentID=4937

Long, J. E. The debate over the prescription privilege for psychologists and the legal issues implicated. *Law & Psychology Review*, 29, 243-260.

Sadock, B. J., & Sadock, V. A. (2007). Synopsis of psychiatry (10th ed.). Philadelphia: Lippincott Williams & Wilkins.

Scovel, K. A., Christensen, O. J., & England, J. T. (2002). Mental health counselors' perceptions regarding psychopharmacological prescriptive privileges. *Journal of Mental Health Counseling*, 24, 36-50.

Stambor, Z. (2005). Pursuing prescription privileges. *Monitor on Psychology*, 36 (7). Retrieved 3/13/13 from http://apa.org

Stuart, R. B., & Heiby, E. E. (2007). To prescribe or not to prescribe: Eleven exploratory questions. *Scientific Review of Mental Health Practice*, 5, 4-32.

March 11

WMS-IV
(Dr. Kinlen)
Learning objectives include administration of the WMS-IV, common pitfalls in administration, scoring the WMS-IV, and report integration. References include the WMS-IV manual.

March 18

Risk assessment I
(Dr. Kinlen)
Learning objectives include defining a risk assessment, process of completing a risk assessment, assessment tools (COVR, PCL-R, HCR-20). References include: Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence by John Monahan, Henry J. Steadman, Eric Silver, and Paul S. Appelbaum; COVR and PCL-R manual.

March 25

PCL-R
(Dr. Nwachukwu-Udaku)
Learning objectives include

- Conceptual and theoretical issues related to psychopathy
- Research on psychopathy as a risk factor or recidivism and violence, including sexual offending
- Application of item response theory (IRT) to analyses of the discriminative ability of PCL-R items
- The structural properties of the PCL-R
- The validity and reliability of the PCL-R with various offender and patient populations

References include Cleckley, H., The Mask of Sanity (1988), 5th ed.; and PCL-R Manual, Robert Hare.

April 1

Risk assessment II
(Dr. Kinlen)
Learning objectives include how to score the HCR-20, VRAG. References include scoring manuals for these instruments

April 8

Hypnotherapy
(Dr. Daum)

	Learning objectives include: Hypnosis is a viable tool for a psychologist; How hypnosis affects the nervous system; What constitutes a trance; Brain waves: How are they useful in the use of hypnosis; Suggestibility: What it means and how it is determined. References include: Works from Michael Nash; Amanda Barnier; Erika Fromm and Ronald Shor.
April 15	Working in the private practice sector (Dr. Andi Kinlen) Learning objectives include pros and cons of working in a private practice, how to begin private practice work, ethical considerations in private practice. References include: The Paper Office, Fourth Edition: Forms, Guidelines, and Resources to Make Your Practice Work Ethically, Legally, and Profitably (The Clinician's Toolbox), Edward L. Zuckerman PhD; Getting Started in Private Practice: The Complete Guide to Building Your Mental Health Practice, Chris E. Stout.
April 22	Lack of mental state assessment (Dr. Kinlen) Learning objectives will focus on how to assess, write, and provide expert testimony on lack of mental state evaluations. References include Regina v McNaghten, 1843; Durham v US, 1954; and Model Penal Code, 1970.
April 29	Expert Testimony (Dr. Kinlen/Dr. Farr) Learning objectives include role of testimony at LSH, supervisor experience with court cases at LSH, and three tenants of good testimony. References include Coping With Cross-Examination and Other Pathways to Effective Testimony - by Stanley L. Brodsky; The Expert Expert Witness: More Maxims and Guidelines for Testifying in Court by Stanley L. Brodsky)
May 6	Expert Testimony II: An Attorney's perspective (Brenda Hagerman/Dr. Karp)
May 13	Interns present his/her CRP/Dissertation (Interns)
May 20	Doing supervision (Dr. Kinlen)

	Learning objectives include theories/models of supervision, pitfalls and ethical considerations with supervision. References include: Casebook For Clinical Supervision: A Competency-based Approach by Carol A. Falender and Edward P. Shafranske.
May 27	Motivational interviewing (Dr. Burcham)
June 3	Head injuries and neurological conditions (Kari Gilbertson) Leanring objectives include what to look for in an initial eval/pre neuropsyc testing (if needed- using hand pressure, balance, coordination, etc) and introduce some neuropsyc assessments like the COGNISTAT, RBANS, DRS-2, Clock-Drawing Test; References include
June 10	Brief therapy models (Sandy Cullison)
June 17	Complex trauma (Dr. Karp) Learning Objectives • Define Complex Trauma and discern differences between PTSD and Complex Trauma • Identify tools for assessing Complex Trauma • Identify empirically based treatments currently being utilized to treat Complex Trauma • Recognize problems associated with treatment • Identify signs of secondary traumatization References Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). Treating survivors of childhood abuse: Psychotherapy for the interrupted life. New York: The Guilford Press. Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of Complex PTSD: Results of the ISTSS Expert Clinician Survey on Best Practices. *Journal of Traumatic Stress*, 24, 615-627. Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers, *Child Abuse & Neglect*, 3(10), 1071-1080. Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. Psychotherapy: Theory, Research, Practice, and Training, 41, 412-425. Courtois, C. A., & Ford, J. D. (2009). Introduction. In C. A. Courtois & J. D. Ford (Eds.) Treating complex traumatic

stress disorders. An evidenced-based guide. New York: Guilford Press.
Ford, J., Courtois, C. A., Van der Hart, O., Nijenhuis, E., & Steele, K. (October, 2005). Treatment of the complex sequelae of psychological trauma. *Journal of Traumatic Stress, 18, 5.*
Ford, J. D., & Russo, E. (2006). A trauma-focused, present-centered, emotional selfregulation approach to integrated treatment for post-traumatic stress and addiction: Trauma Adaptive Recovery Group Education and Therapy (TARGET). *American Journal of Psychotherapy*, 60, 335-355.
Friedman, M. J., Resick, P. A., Bryant, R. A., & Brewin, C. R. (2012). Considering PTSD for DSM-5. *Journal of Depression and Anxiety, 1-20.*
Gingrich, H. D. (2009). Complex Traumatic Stress Disorders in Adults. *Journal of Psychology and Christianity.* 269-274
Gold, S. N. (2000). Not trauma alone: Therapy for child abuse survivors in family and social context. Philadelphia: Brunner-Routledge: Taylor & Francis Group.
Green, B. L., Goodman, L. A., Krupnick, J. L., Corcoran, C. B., Petty, R. M., Stockton, P., & Stern, N. M. (2000). *Journal of Traumatic Stress*, 13, 271-286.
Jennings, A. (2004). The damaging consequences of violence and trauma. Retrieved from National Association of State Mental Health Program Directors website: http://nasmhpd.org/general_files/publications/ntac_pubs/reports/Trauma%20Services%20doc%20FINAL-04.pdf
Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377-391.
Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
Miller, M. W., Wolf, E. J., Kilpatrick, D., Resnick, H., Marx, B. P., Holowka, D. W., Keane, T. M., Rosen, R. C. (2012). The prevalence and latent structure of proposed DSM-5 Posttraumatic Stress Disorder symptoms in U.S. national and veteran sample. Psychological Trauma: Theory, Research, Practice and Policy, 1-12.
Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: W. W. Norton & Co., Inc.

	Terr, L. (1991). Childhood traumas. *American Journal of Psychiatry*, 148, 10-20. van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18, 389-399.
June 24	Mock trial (All interns serve as an expert witness with local attorneys and judge)
July 1	Postdocs either do a topic of their choice or one selected by training faculty
July 8	Spirituality at a State Hospital (LSH chaplain—Jeff Brown) Learning objectives include understanding the role a clinical chaplain versus that of minister, priest or volunteer pastor, the difference between spirituality and religious needs, and working within a multidisciplinary environment. References include chaplaincy manuals.
July 15	State of mental health (Dr. Kinlen) Learning objectives include: thinking critically about how budgets/politics/etc can impact the delivery of mental health services. References include: NAMI website, KHI.org, http://www.lwvk.org/studies/mentalhealth/historyMenninger.html#origins, https://www.khpa.ks.gov/program_improvements/downloads/MentalHealth_Medicaid%20Transformation%20Report-final%202%202%2010.pdf http://www.srs.ks.gov/agency/testimony/Documents/2011/MH_Hospitals_Overview_SWAMSub.pdf
July 22	Positive Psychology (Dr. Burcham)
July 29	Report out on intern project (interns)
August 5	Graduation

APPENDIX D

EVALUATION OF DIDACTIC PRESENTATION

LARNED STATE HOSPITAL PSYCHOLOGY INTERNSHIP PROGRAM

Date of presentation: _____
Topic: _____
Presenter: _____

1. On the bases of my overall impression of this presentation, I would evaluate it as:

Excellent_____ Good_____ Satisfactory_____ Below Average_____ Poor_____

2. The presenter was well prepared:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

3. The material was interesting and informative:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

4. The presenter held my attention:

Strongly agree_____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

5. The topic of the presentation was covered sufficiently:

Strongly agree____ Agree_____ Neutral _____ Disagree_____ Strongly disagree_____

6. What aspect of the presentation did you like the most and why?

7. What aspect did you like the least and why?

8. Suggestions for improvement.

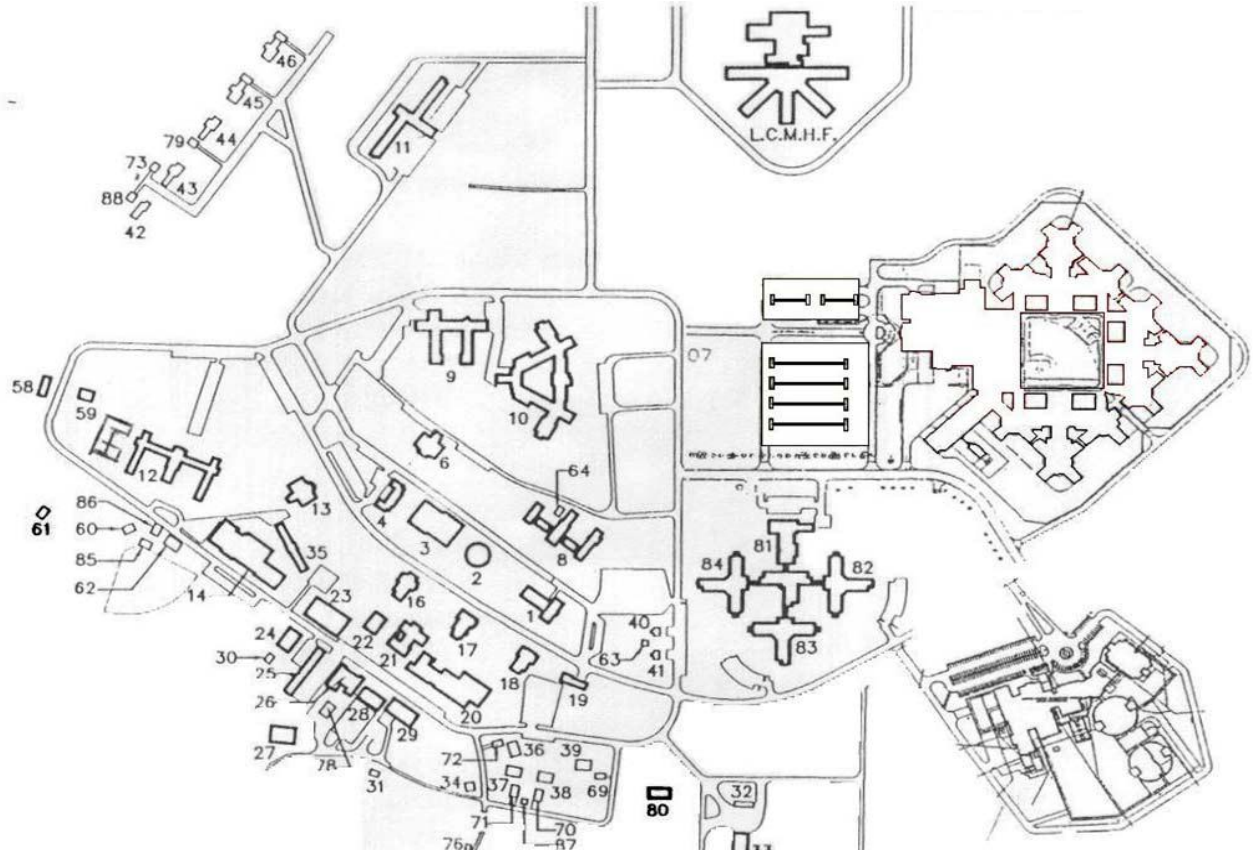
9. Topics of interest for future training sessions:

APPENDIX E
Example of time log

Larned State Hospital: **Weekly Hours**					Date:	
Intern:						
Supervised Hours for the Week of **X/X/X to X/X/X**	Monday	Tuesday	Wednesday	Thursday	Friday	Totals
Direct Service:						
Individual						
Group						
Staffing (patient present)						
Testing & Assessment						
Psych-Education Presentations						
Other: (e.g., Intake/Structured Interview)						
Subtotals						
Other Activities:						
Training Received						
Case Management						
Assess. Scoring, Interpretation, & Report Writing						
Staff Meetings						
Professional Development						
Charting						
Miscellaneous Paper Work						
Record Review						
Other: (e.g., Peer Supervision/Consultation)						
Subtotals						
Supervision Received:						
Face to Face, Individual with Primary Supervisor						
Group Supervision						
Face to Face, Individual with Secondary Supervisor						
Subtotals						
Totals						

APPENDIX F

CAMPUS MAP



BUILDING KEY:

1 Administration/Auditorium
2 Chapel
3 Main Cafeteria
4 Gheel
6 Sellers
8 Hospital
9 Meyer
10 Jung
11 Jenkins (DOC)
12 Dillon
13 Beers
14 Activity Therapy
15 N/A
16 Capper
17 Lee
18 Allen
19 Safety/Security
20 Supply
21 Canteen
22 Storage “Caves”
23 Laundry
24 Paint Shop
25 Engineering
26 Vocational
27 Grounds Storage
28 Carpenter Ship/Motor Pool
29 Power Plans
30 Masonry Storage
35 Horticulture Center
36 101 Staff house
37 102 Staff House
38 103 Staff House
39 104 Staff House
40 201-202 Staff House
41 203-204 Staff House
42 300 Staff House
43 301 Staff House
44 302 Staff house
45 303 Staff House
46 304 Staff House
81 Treatment Center North
82 Treatment Center East
83 Treatment Center South
84 Treatment Center West

APPENDIX G

Intern Disclosure Letter (to be put on current LSH Letterhead)

Dear Larned State Hospital Patient:

The purpose of this letter is to inform you that Larned State Hospital Psychiatric Services Program (PSP) utilizes the services of Psychology Interns.

Intern X, M.S. is supervised by [Supervisor Name, Degree, Credential]

If you would like to contact [her/his supervisor name] about the services you receive from Renee, please fill out a request form and turn it in to your treatment team.

Please keep a copy of this notice for your records.